

Primary Announced Care Inspection

Name of Establishment:	Tempo Road Day Centre
Establishment ID No:	11232
Date of Inspection:	16 March 2015
Inspector's Name:	Priscilla Clayton
Inspection No:	IN020058

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of centre:	Tempo Road Day Centre
Address:	42a Tempo Road Enniskillen Co Fermanagh BT26 6HR
Telephone number:	028 6632 8729
E mail address:	denise.foster@westerntrust.hscni.net
Registered organisation/ Registered provider:	Western Health and Social Care Trust Ms Elaine Way CBE
Registered manager:	Denise Foster
Person in Charge of the centre at the time of inspection:	Maureen Lindsey, Care Assistant.
Categories of care:	DCS-I, DCS-MP (E), DCS-DE
Number of registered places:	30
Number of service users accommodated on day of inspection:	19
Date and type of previous inspection:	09 January 2014 Primary Unannounced
Date and time of inspection:	16 March 2015: 10.00 am – 3.45 pm
Name of inspector:	Priscilla Clayton

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the care assistant in charge.
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	19
Staff	4
Relatives	nil
Visiting Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	7	3

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Tempo Road Day Centre is a statutory facility situated on the outskirts of the town centre of Enniskillen. The service is provided by the Western Health and Social Care Trust (WHSCT) in premises designed for this purpose. There is a large, main room, used for both activities and dining, and an adjoining, slightly smaller activity room, furnished with armchairs for all service users. The centre has a well equipped kitchen where cooked lunches and light snacks are prepared. There are dedicated facilities for hairdressing, rest room, shower / toilets and offices.

The centre can facilitate a maximum of 30 service users each weekday, Monday to Friday and is open between 08.30 hours and 3.45 hours. The centre closes on bank holidays and on set staff training days.

8.0 Summary of Inspection

The primary announced inspection of Tempo Day Centre took place on 16 March 2015 between the hours of 10am and 3.45 pm. The registered manager, Denise Foster was on annual leave. Maureen Lindsey, care assistant, who was in charge, has fourteen years' experience working in the centre. Support at operational level was provided by three care assistants and one volunteer.

Four recommendations were made at the previous inspection conducted on 9 January 2014 had been addressed.

Prior to the inspection, the registered manager completed a self -assessment of the standard criteria and two Themes to be inspected. The comments provided by the registered manager in the self- assessment were not altered in any way by RQIA.

The inspector met with service users and staff, discussed the day to day arrangements in relation to the conduct of the day centre and standard of care provided to service users, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the day care environment.

Inspection findings

Standard 7 – Individual service user records and reporting arrangements.

Corporate policies and procedures including, Confidentiality, Data Protection and Management of Records were available and known by staff who spoke with the inspector.

Care records examined reflected user / representative consultation in regard to assessment and care planning care reviews and other necessary documents as set within Day Care Settings Minimum Standards (DHSSPS) 2012. There was evidence of good multi-professional collaboration in planned care.

Records examined were person centred, legible, current, dated and signed

The supporting evidence gathered through the inspection process concluded that Tempo Road Day Centre was compliant with Standard 7. This is to be commended.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights.

The inspector reviewed the arrangements in place for responding to service users' behaviour. Policies and procedures in place reflected best practice guidance in relation to management of actual and potential aggression, restraint, seclusion and human rights. Through observation, review of documentation and discussion with staff and service users, confirmation was obtained that service users were treated with dignity and respect and that restraint was not used and would only ever be considered as a last resort when there was a risk to the health safety and wellbeing of the service user or other persons. No form of restrictive practice was in place.

Mandatory staff training was being provided annually in accordance with RQIA guidance. Staff demonstrated knowledge and understanding of the policy and procedure should challenging behaviour arise. Care records examined reflected service users core value of rights in the provision of care.

Staff interactions and responses to service users were observed to be appropriate and based on an understanding of individual service users conduct, behaviours and means of communication.

The supporting evidence gathered through the inspection process concluded that Tempo Road Day Care Centre was compliant with this Theme. This is to be commended.

Theme 2 - Management and control of operations.

There was a defined management structure which clearly shows lines of accountability, which was reflected within the Statement of Purpose.

The inspector reviewed the arrangements for management and control of operations. At operational level support is provided by a mixed skill team of senior day care workers and day care support workers, administrative and ancillary support staff.

Supporting evidence of the level of compliance with this theme was obtained from associated policies / procedures, examination of a sample of records including for example; staff induction records, staff appraisal, supervision, staff meetings, mandatory training, staffing levels / procurement, complaints, competency and capability assessments and discussion with staff and service users.

The supporting evidence gathered through the inspection process concluded that Tempo Road Day Care Centre was compliant with this Theme. This is to be commended.

Conclusion

The registered manager and staff are to be commended with the outcome of this inspection having achieved compliance in Standard 7 and Themes 1 and 2.

Three recommendations made as a result of this inspection included; improvement in regard to recording of complaints, staff duty roster and care evaluation records. Recommendations are contained within the report and appended Quality Improvement Plan.

The inspector wishes to thank the service users, staff and the registered manager for their assistance and co-operation throughout the inspection.

9.0 Outcome of previous inspection conducted on 9 January 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.4	A report should be prepared with the service user prior to review.	Examination of care records evidenced review reports were in place.	Compliant
2	15.4	Information on the review form should be further developed.	Examination of records evidenced that additional information had been added as recommended.	Compliant
3	13.5	A competency and capability assessment should be completed for those staff that looks after the day centre in the absence of the manager.	Competency and capability assessments had been developed and completed as recommended.	Compliant
4	28.5	A policy and procedure should be maintained in relation to the monthly monitoring visits.	Policy statement procedure had been developed as recommended.	Compliant

10.0 Inspection Findings

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	COMPLIANCE LEVEL
Provider's Self-Assessment: Yes the legal and ethical duty of confidentiality of service user's information is maintained at all times.	Compliant
Inspection Findings: Information as illustrated by the manager in the self- assessment was verified through discussion and examination of the corporate policy entitled Confidentiality. Staff who spoke with the inspector demonstrated knowledge and understanding of their legal and ethical duty in this regard. Service users' records were securely stored.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.	
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
Provider's Self-Assessment:	
Service users are involved from assessment through care planning and review and will have all aspects of their files shared through ongoing involvement.	Compliant
Where access to records is requested by the service user/representative staff will be guided by the Freedom of Information Act and the Trust's Access to Records protocol.	
Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated by the manager was verified through discussions with staff, service users and examination of a random selection of care records which evidenced service users' consultation and involvement in care assessment and person centred care plans. Signatures of the service user / representative were recorded.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
Individual case records include all of the above for each service user.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Four care records randomly selected and examined evidenced details, as set within this criterion, had been included.	Compliant

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment: An entry is made at least every five attendances.	Compliant
Inspection Findings: Care records examined evidenced recorded entries were made as illustrated by the registered manager in the self-assessment. One recommendation made related to ensuring that staff cease to leave spaces between the recorded evaluations.	COMPLIANCE LEVEL Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: All staff report and record any significant changes to the registered manager. There is ongoing liaison with the key worker/referral agent who is responsible for appropriate ongoing referrals to other health and social care professionals. Family are informed regarding all referrals made.	Substantially compliant
Inspection Findings: Examination of policies / procedures including; Safeguarding / Managing Challenging Behaviour and Restraint, evidenced that information included referrals / reporting to the manager, service user /representative and professional staff / agents. Staff confirmed the modes of communication utilised and care records reflected evidence of multi-professional collaboration and service user / representative involvement.	COMPLIANCE LEVEL Compliant

Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment: Yes, all records are legible, accurate, up to date, signed and dated by the person making the entry, these are reviewed and signed off periodically.	Compliant
Inspection Findings: Four randomly selected care records examined evidenced that records examined were in accordance with this criterion and good professional practice.	COMPLIANCE LEVEL Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 1: The use of restrictive practice within the context of protecting service user's human rights**Theme of “overall human rights” assessment to include:****Regulation 14 (4) which states:**

The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

COMPLIANCE LEVEL**Provider's Self-Assessment:**

Where restraint is used to secure the welfare of the client, a record will be made of this, to date this has not been necessary in Newtown Stewart Day Centre. All key stakeholders will be informed, keyworker, family and RQIA. Case review to update care plan, risk management protocol.

Substantially compliant

Inspection Findings:

The care assistant in charge of the centre, staff and service users confirmed that restraint is not used. The WHSC Trust policy on Challenging Behaviours and Restraint were available and known by staff in the centre.

COMPLIANCE LEVEL

Compliant

Regulation 14 (5) which states:	COMPLIANCE LEVEL
On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	
Provider's Self-Assessment:	
Currently there are no service users on a specific behaviour programme. If the situation arose then the centre manager would record and report the incident to the necessary bodies including RQIA. This would result in a multi-disciplinary review of the service users care plan. Necessary training and guidance would be sought for all staff involved.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Staff confirmed that no form of restraint has been used in the centre. Staff confirmed RQIA would be informed if this was ever the case.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider's Self-Assessment:</p>	
<p>At all times the centre is staffed with qualified, competent and experienced persons in such numbers as are appropriate for the care of service users. There is a defined management structure in the Statement of Purpose. Arrangements for cover is displayed on notice board clearly identifying roles.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The day centre's management structure is set out within the centre's Statement of Purpose.</p> <p>Records retained included for example; staff supervision, appraisal, staff training and minutes of staff meetings. Records examined and discussion with staff evidenced that staff hold qualifications in NVQ and are provided with ongoing mandatory training. Staff induction programmes were in place and utilised for new employees.</p> <p>Monthly monitoring visits were undertaken in accordance with Regulation 28 of The Day Care Settings (Northern Ireland) 2007.</p>	Compliant

<p>Examination of the staff duty roster and discussion with service users and staff evidenced that sufficient staff number were on duty to meet the needs of service users.</p> <p>The care assistant in charge of the day centre on the day of the inspection demonstrated good knowledge and understanding of the day to day management of the centre, Minimum Standards and The Residential Care Homes Regulations (Northern Ireland) 2007.</p> <p>One recommendation made to enhance this minimum standard criterion related to the insertion of an indicator in the staff duty roster showing the person in charge when the manager is off duty.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p> <p>All staff are deemed competent and experienced to work in a day care setting through recruitment and selection. Staff are part of a team who are supervised by a line manager. Where there are volunteers on site, the Registered Manager ensures that they are supervised at all times.</p>	Compliant
<p>Inspection Findings:</p> <p>Information as illustrated by the registered manager in the self- assessment was verified through examination of supervision records and discussion with staff on duty.</p>	COMPLIANCE LEVEL Compliant

Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment: All staff with the exception of one who works at Beragh Day Centre have either NVQ Level 2/3/4 or 5. This person is registered with the training team and will be commencing NVQ Level 2 shortly. Training is provided within the centre for mandatory training. Other courses outside of this is available throughout the year in the training calender. The centre manager nominates staff to attend relevant and appropriate courses which would benefit the service users, staff and the centre as a whole. These are often courses relevant and highlighted during staff's annual appraisal.	Compliant
Inspection Findings: Information as illustrated by the manager in the self- assessment of this criterion was verified through discussion with staff who confirmed their qualifications in National Vocational Qualifications. Staff also confirmed that on- going professional development training, provision of supervision and appraisal were all provided with encouragement and good support provided from the manager. Additionally staff meetings are held on a regular basis with minutes recorded.	COMPLIANCE LEVEL Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Complaints

Prior to inspection the registered manager completed and returned the complaints data sheet to RQIA as requested. Data showed a "nil" return of complaints within the timescale stated. Examination of the complaints record book confirmed that none was received. Recording of complaints within the designated book evidenced that the last complaint received was dated 18 December 2012. It was recommended that the WHSC Trust complaint template is used to record any further informal / formal complaints received in keeping with the Trust policy / procedure on Complaints.

11.2 Staff Questionnaires / views

Three of the seven staff questionnaires distributed prior to inspection were completed and returned to RQIA within the timescale. Responses from staff were positive in regard to the provision of care, resources available, training, supervision / appraisal and team working. Staff confirmed no form of restraint was used and that no service user behavioural management issues had arisen. No issues or concerns were raised or indicated by staff.

11.3 Registered Manager Questionnaire.

The completed questionnaire was returned to RQIA prior to the inspection. Review of the information evidenced that good governance measures and arrangements including staff appraisal, staff supervision / appraisal, policies and procedures, responding to service user's behaviour and staff response to care practice were in place. Positive responses were recorded by the manager in all areas of the questionnaire.

11.4 Service user views

The inspector spoke with all service users in attendance at the centre. Responses were positive in regard to all aspects of care including planned activities, food and facilities available. Service users commended staff on the good care and attention provided. No issues or concerns were raised or indicated.

11.5 Statement of Purpose

The centre's Statement of Purpose and Service User Guide were in place and available to service users.

11.6 Monthly Monitoring Reports

Monthly monitoring visits were being conducted in accordance with Regulation 5 of The Day Care Setting Regulations (Northern Ireland) 2007.

11.7 Environment

All areas of the centre were inspected and found to be clean, tidy, organised and comfortably heated throughout. All fire doors were closed and fire exits' unobstructed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Maureen Lindsey, care assistant, as part of the inspection process.

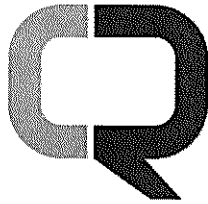
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



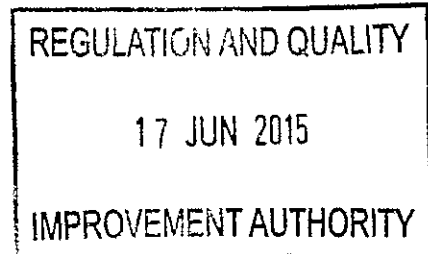
The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Tempo Road Day Centre

16 March 2015



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Maureen Lindsey, care assistant at the conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

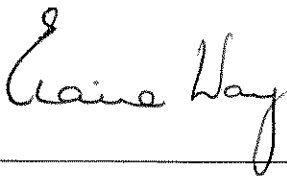
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

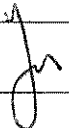
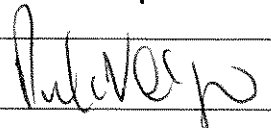
Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 7.5	<u>Care record</u> It is recommended that staff cease to leave space between recorded evaluations in care records.	One	staff no longer leave spaces between recorded evaluations as recommended	1 April 2015
2	Standard 17.1	<u>Duty Roster</u> It is recommended that an indicator is made in the duty roster showing the staff member in charge when the manager is off duty.	One	red star indicator now put beside staff members name in charge in the absence of the manager on duty roster as recommended	1 April 2015
3	Standard 14.1	<u>Complaints records</u> It is recommended that the WHSC Trust complaint template is used to record complaints (informal and formal) in accordance with the Trust Complaints policy.	One	trust complaint template now used to record all complaints as recommended	1 April 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Denise Foster
Name of Responsible Person / Identified Responsible Person Approving Qip	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			18/6/15
Further information requested from provider			