



The Regulation and
Quality Improvement
Authority

Melrose Day Centre
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BT47 6BG

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**Unannounced Care Inspection
of
Melrose Day Centre**

24 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 24 March 2016 from 10.30 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 | 1 | 3 |

The details of the QIP within this report were discussed with Mr Robert Donnelly, 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 HSC Trust/Mrs Elaine Way CBE | Registered Manager: Mr Robert Francis Donnelly |
| Person in Charge of the Day Care Setting at the Time of Inspection: Mr Robert Donnelly | Date Manager Registered: 20 August 2012 |
| Number of Service Users Accommodated on Day of Inspection: 18 | 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 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:

- Five areas of dissatisfaction, concerns and complaints
- Five compliments
- Five accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of three service users' meetings
- Three service users care files
- Service users' annual quality assurance survey
- Three monthly monitoring reports.

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

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an announced estates inspection dated 05 May 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection on 06 June 2014

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 13(2) | <p>Service users spoke about their awareness that changes to the service were likely, but, at this stage, they felt uninformed and anxious about the nature of those changes.</p> <p>The registered person shall so far as practicable enable service users or their representatives to make decisions with respect to the care they are to receive.</p> | Met |
| | <p>Action taken as confirmed during the inspection: The completed QIP stated the Western HSC Trust commenced a review of its mental health day services in October 2013. A service user from the Melrose Day Centre attended these meetings as a representative of the day service and had the opportunity to highlight any concerns and/or suggestions from service users' as and when necessary and provided feedback. Thirty five service users attended the Trust's Day Care Review workshop on 8 April 2014 in Melrose Day Centre. A designated notice board contains an overview of this review along with updated information as this becomes available.</p> | |
| Requirement 2 Ref: Regulation 13(3) | <p>The registered person shall, for the purpose of providing care to service users, so far as practicable, ascertain and take into account their wishes and feelings.</p> | Met |
| | <p>Action taken as confirmed during the inspection: Melrose Day Centre's returned completed QIP from the care inspection of 17 June 2014 stated "service users' views, wishes and feelings are taken into account in many formats within the centre and as far as practicable, these are used to make positive changes to the service we currently offer." Discussions with the registered manager and three care staff during this inspection concluded service users talk to staff on a daily basis and express their views and opinions. In addition to this there is a suggestion box in the dining room; a complaints record; there are regular service user meetings, an annual review of the service user's placement in Melrose Day Centre and an annual survey of their views and opinions.</p> | |

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| <p>Requirement 3</p> <p>Ref: Regulation 13(2)</p> | <p>Several service users spoke strongly about their objection to the Trust's prohibition of smoking on Trust property. Service users who smoke do so in the demeaning position of standing at the gate, on a public road. In winter months there will be further safety risks. The Trust should review the policy in light of the needs and feelings of these service users.</p> <p>Action taken as confirmed during the inspection: Melrose Day Centre's returned completed QIP stated: "service users' views in regard to the Trust Smoke Free policy have been forwarded to senior management along with an assessment of possible risk to the service user having to carry out this policy." The Melrose Day Centre 'Smoke Free Policy Risk Assessment' completed on 10 April 2014 was reviewed during this inspection. A Smoking Cessation Nurse visited Melrose Day Centre on 11 March 2014 and met with service users who smoke and discussed their concerns about the Smoke Free policy. Advice was given on smoking cessation and harm reduction. At the time of this inspection, the registered manager informed RQIA service users have been advised the smoking shelter to the rear of the centre should not be used for smoking. No concerns were raised by service users to RQIA during this inspection.</p> | <p>Met</p> |
| <p>Previous Inspection Recommendations</p> | | <p>Validation of Compliance</p> |
| <p>Recommendation 1</p> <p>Ref: Standard 22.2</p> | <p>One recent supervision session had been carried out with the staff as a group and it is recommended that formal, individual supervision should be provided at least quarterly.</p> <p>Action taken as confirmed during the inspection: Confirmation was obtained from the registered manager and care staff during this inspection that formal individual supervision of care staff is taking place on a quarterly basis. Formal supervision records were not examined during this inspection, these may be examined during future inspections of the day service.</p> | <p>Met</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 20(1)(c)</p> | <p>Although recommended at the previous inspection, in 2013, suitable training in First Aid has still not been sourced by the Trust.</p> <p>It is a matter of some urgency that the registered person should ensure its provision.</p> | |

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| | Action taken as confirmed during the inspection: First Aid training was provided to staff on 25 September 2015. | Met |
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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 support and assistance with their personal care; however do not need staff assistance or support with this during their time in Melrose Day Centre. Discussions with service users concluded staff were sensitive and respectful of their needs.

The registered manager said the Western HSC Trust has a Continence Advisory Service which assesses, treats and helps individuals manage their bladder and bowel difficulties. This assessment helps identify the possible cause of these difficulties and assists the team decide on a treatment plan with the individual to reduce or relieve their symptoms.

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 support service users with their personal needs. There is a 'Mangar Elk' available for use with service users in Melrose Day Centre. Discussions with the registered manager and three care staff concluded there are currently no service users assessed to need a hoist or staff assistance with their personal care needs while they attend the centre. Assurances were provided this is regularly monitored by the registered manager and care staff.

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. At the time of this inspection, care staff had not received training or information on continence promotion and support. Discussions concluded they are open to receiving this in the future.

Discussions with care staff also concluded they have a working knowledge of current best practice with regards to infection, prevention and control and recently received training in this area on 28 January and 03 March 2016. Staff said they 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 and unhurried manner. Discussions with staff confirmed that they were able to demonstrate an understanding of individual's assessed needs.

Service users reported that they felt safe in the day centre. 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 Melrose Day Centre.

Is Care Effective?

Melrose Day Centre's statement of purpose was reviewed during this inspection. It contained qualitative information about the process of completing a service user's care plan. 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.

Service users' are responsible for bringing in their own continence protection into Melrose Day Centre. Personal protective equipment (PPE) is supplied and made available for staff in Melrose Day Centre.

The registered manager informed RQIA personal care support is initially discussed with the service user as part of the core assessment information completed on admission. Should a service user need support or assistance from care staff during their time in Melrose Day Centre, they have been advised to approach and discuss this with care staff so it can be provided.

The inspector sought verbal permission to inspect care records during this inspection. Should a service user's continence needs change, their respective care plan is updated. Risks were highlighted and the management of these risks recorded. Review of three service users' care files showed assessments and care plans were current and compliant with Minimum Standards 4 and 5. Care plans were person centred, comprehensive and reflective of the individual's needs.

An individual discussion took place with one care staff regarding the review of service user's assessments and care plans. RQIA was informed assessments and care plans are systematically reviewed on a yearly basis in Melrose Day Centre, however, care plans are updated when there are changes in the service user's needs; assessments are not. Minimum Standard 4.3 and 4.4 were discussed with the registered manager and care staff, standard 4.4 states: "assessments are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs of the service user." When a service user's needs change, their assessment should be updated, re-signed and dated by the service user, the member of staff completing it and the registered manager (Minimum Standard 4.3). Assurances were given by the registered manager and care staff that assessments would be updated as soon as possible when changes occur. Evidence of this will be examined during the centre's next inspection.

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.

On this occasion there was evidence to confirm that care practices concerning continence promotion in Melrose Day 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' needs 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.

Discussions took place with a total of seven service users, individually with four service users and a group of three service users at a table in the dining room over lunch. Service users said staff were kind, patient, sensitive 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 the care provided in Melrose Day 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 | 0 (there are 3 care staff employed in the centre and RQIA met with them during this inspection). |
| Service Users | 5 | 4 |

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding their responses about 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 were recorded:

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

Areas for Improvement

There were no identified areas for improvement needed regarding RQIA's review of standard 5.

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| Number of Requirements: | 0 | Number of Recommendations: | 0 |
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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. Melrose Day Centre has a 'Feedback Procedure' which was reviewed during this inspection. It detailed how the day care setting obtains service

users views and opinions regarding the service it provides. The procedure is used in conjunction with the Trust's Complaints Procedure.

Discussions with seven 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 care plans inspected provided evidence that service users were encouraged to be involved in the planning of their care and actively participate in the annual review of their day care placement.

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 Melrose Day 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 their annual review of their day care placement.

Discussions with care staff and seven service users concluded service users' meetings are usually held every two or three months. RQIA was informed the day service attempted to hold these more frequently but these were not as well attended. After discussion with service users, the meetings then reverted back to every two or three months. Discussions with service users reflected their satisfaction with this arrangement. The minutes of three service users meetings were reviewed (August 2014; October 2015 and February 2016) during this inspection. The minutes were qualitative, informative and reflected who attended, an agenda; a summary of discussions; if any action was needed and who was responsible.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Service users are asked to provide their views on how they rate the day service regarding: the facilities provided; overall staff rating; ease of communication; care provided and they are invited to record any other comments. Review of three service user's annual review reports took place during this inspection, these had occurred in the previous year. All three review reports contained the service user'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 and 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 service users and their representatives in 2015 and the evaluation report was dated 7 January 2016. The evaluation report stated it covered five aspects of the centre but didn't specify what these were. A discussion took place with the registered manager that the evaluation report should contain the responses to the questions asked on the survey. There should be questions about the quality of care and staff, activities, outings, lunches, environment and transport. This is an identified area for improvement.

Complaints

The Western HSC Trust has a user friendly 'Guide to the Complaints Procedure' dated July 2015 which states: "We welcome your complaints, comments, concerns and compliments." Five areas of dissatisfaction, concerns and complaints were reviewed during this care inspection. Several of these had not been recorded in the centre's complaints record but in the centre's 'suggestion book'. The registered manager said he uses Melrose Day Centre's complaints book to record 'formal complaints'.

In April 2009 the DHSSPS issued new guidelines for the management and resolution of complaints (Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning). The DHSSPS define a complaint as: "An expression of dissatisfaction that requires a response." Complainants may not always use the word 'complaint'.

A discussion took place with the registered manager about the need to differentiate between what is an area of dissatisfaction, concern or complaint and what is a comment or suggestion for improvement in the centre. The registered manager was advised of the need to record all areas of dissatisfaction, concerns raised and complaints (formal or otherwise) raised by service users', their representatives, carers and the general public in the centre's complaints record.

The registered manager informed RQIA that following an incident in February 2016, an identified service user had reported an area of concern along with an allegation. This was not recorded in the centre's complaints record. The manager was advised to retrospectively record what the individual said in the centre's complaints record. It is acknowledged the registered manager made numerous attempts to meet with the service user after this in order to obtain additional information but the service user declined this. This matter is currently being investigated by senior line management in the Western HSC Trust. When the investigation is complete, the registered manager is advised to record in the centre's complaints record, the result of this; the action taken and if the service user was or was not satisfied with the outcome/s.

Since the previous care inspection several service users had written anonymous notes and placed these in the centre's suggestion box. The notes were retained in envelopes attached to the comments record. Several notes contained areas of dissatisfaction and concerns regarding the Trust's review of mental health day services. Details of the results of the investigations and the action taken were not recorded in the centre's complaints records but within the minutes of a service users' meeting and in individual respective service user's care files. The minutes of the service users' meeting were provided to RQIA during this inspection.

A discussion took place with the registered manager that in the event the identified envelope or notes fall out, are misplaced etc, he should retrospectively transcribe these notes into the

centre's complaints record along with the results of the investigations and the action that was taken.

Other anonymous notes contained suggestions for improvements e.g. asking for a plainer lunch to be served on Mondays. During this inspection RQIA was assured all of these matters were responded to or investigated in line with the Trust's policy and procedures.

A discussion took place with the registered manager about Minimum Standard 14 (Complaints), as improvements are needed regarding the centre's complaints record so it fully complies with standard 14.

Discussions with seven service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Compliments

Five compliments were reviewed during this inspection. These were thank you cards or gifts from service users or their representatives complimenting the manager and staff on the quality of the day service.

Monthly Monitoring Reports

Three monthly monitoring reports (October and November 2015 and February 2016) were reviewed during this inspection. These were a combination of announced and unannounced visits. The times of the visits was not specified. The reports reflected a summary overview of the views and opinions of service users on each visit. The reports did not specify individual qualitative comments of service users. It is noted monthly monitoring visits did not occur in December 2015 or January 2016 and service user's care files are not being audited as part of the monitoring process. Monthly monitoring visits and their reports are identified areas for improvement.

Mr Donnelly stated he felt monthly monitoring visits of day centres are too frequent and was advised that Regulation 28(3) specifies "these shall take place at least once a month or as agreed with RQIA."

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

Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care. Discussions took place with a total of seven service users during this inspection. They said staff frequently ask them for their views and opinions about different aspects of the day service. All comments were positive and complimentary about the centre and no concerns were raised. A sample of service user's qualitative comments included:

- "I look forward to coming here, this place has helped me a lot."
- "It's a great centre, the staff are supportive."

- “I like it and have made good friends here.”
- “The centre has helped me and gave me confidence.”
- “I’ve learned how to cope better with my condition.”
- “If it wasn’t for here, I’d be at home looking at four walls and probably feeling depressed.”
- “Coming here gives me somewhere to go.”

On this occasion it can be concluded the quality of care provision in the Melrose Day 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. Complaints record.
2. Monthly monitoring visits and reports.

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| Number of Requirements: | 0 | Number of Recommendations: | 2 |
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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. A discussion took place regarding an incident that occurred on an identified date in February 2016. Following this incident, a service user reported concerns to the registered manager.

The registered manager was advised of Regulation 29 and RQIA’s revised guidance to providers on notifications of accidents and untoward incidents to RQIA’s Incident Team. The registered manager explained he had made efforts to meet with the service user to obtain further information about his/her concerns but the individual declined.

The registered manager was advised to retrospectively forward this notification to RQIA’s Incident Team and it was received by RQIA on 1 April 2016. The area of concern is currently being investigated by senior line management in the Trust.

5.5.2. Meals

It was noted there was one lunch meal provided on the menu listed in the dining room. This matter had been raised with the registered manager during a previous inspection of the day service.

A discussion took place with care staff and the registered manager about Minimum Standard 10.2 – “the menu offers a choice of meal to service users, including those on therapeutic or specific diets.” The registered manager said there have been several reviews (completed with service users) regarding the meal provision in Melrose Day Centre; one of which was completed recently. Discussions with seven service users said they are happy about this as they enjoy and look forward to these meals in the centre.

There is a staff and service user rota concerning the preparation, cooking and serving of lunch by care staff with service users. There is also a rota for service users to be involved in the clearing up process. The registered manager explained they are aware of service user’s likes, dislikes and preferences regarding the lunch meal and as such have devised their menus in consultation with service users. The registered manager said service users are encouraged to use local community cafes, shops within walking distance of the centre if they do not want to eat what is on the Melrose Day Centre menu. Discussions with seven service users confirmed they were happy with the menu, the quality of the lunch and said an alternative is provided if they did not want what was on the menu.

5.5.3. 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.

Disabled access at the entrance to Melrose Day Centre was discussed with the registered manager as this had been raised during RQIA’s Estates inspection of Melrose Day Centre on 5 May 2015. A requirement had been made in the Estates Inspection QIP regarding this. Following this inspection, the registered manager said the Trust’s Estates Department had visited Melrose and assessed both the single and double entrance doors to the centre. No adaptations or changes had been made to either the single or double entrance doors and the registered manager said he has not been told if there will be any adaptations or improvements made regarding disabled access to the centre. The requirement is therefore stated in this QIP and the Trust is asked to further review this and consider the provision of powered semi-automatic opening devices on the entrance door of Melrose Day Centre. This should have a suitably wide opening clearance to facilitate unrestricted passage by wheelchair users or other physically disabled individuals.

With regards to disabled access within Melrose Day Centre, the registered manager said physically disabled service users are able to easily access rooms and other areas and this is not a concern.

5.5.4. Areas for Improvement

One additional area for improvement was identified as a result of a review of additional areas and concerns disabled access at the entrance to Melrose Day Centre.

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| Number of Requirements: | 1 | Number of Recommendations: | 0 |
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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 Mr Robert Donnelly, 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.

Quality Improvement Plan

| Statutory Requirements | |
|--|---|
| <p>Requirement 1</p> <p>Ref: Regulation 26 (2)(a)</p> <p>Stated: Second time (from Estates Inspection on 5 May 2015)</p> <p>To be Completed by: 25 August 2016</p> | <p>The registered person is advised to undertake a review of the Melrose Day Centre entrance door arrangements with particular reference to guidance contained in Technical Booklet R of the Building Regulations (Northern Ireland) 2012. (Table 3.1).</p> <p>The registered person should consider the provision of powered semi-automatic opening devices on the entrance door of Melrose Day Centre with a suitably wide opening clearance to facilitate unrestricted passage by wheelchair users or other physically disabled individuals.</p> <p>The outcome of this review is to be forwarded to RQIA with an action plan including timescales.</p> <p>Response by Registered Manager Detailing the Actions Taken: This issue when raised previously was costed and included in the Minor Capital Works timetable. However due to financial and patient safety priorities this work has not been progressed. On the basis of a new financial year we will resubmit.</p> |
| Recommendations | |
| <p>Recommendation 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 01 January 2017</p> | <p>The registered manager should ensure the evaluation/summary report completed after the next 2016 service users' annual quality assurance survey qualitatively reflects:</p> <ul style="list-style-type: none"> • The questions asked in the survey • An overview of service user's responses • Service user's qualitative comments about Melrose Day Centre • Any issues raised by service users • The actions taken in response. <p>A copy of this report is shared and made available to service users. Records should be made of when the information was shared with them.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Recommendation noted and an evaluation report will be completed in January 2017 in conjunction with our annual report and will reflect that of Standard 8.5.</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be Completed</p> | <p>The registered manager should ensure Melrose Day Centre's complaints record reflects all areas of dissatisfaction; concerns or complaints made by service users, relatives or members of the public. The complaints record must include:</p> <ul style="list-style-type: none"> • details of all communications with complainants • the results of any investigations |

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| <p>from: 25 March 2016</p> | <ul style="list-style-type: none"> the action taken whether or not the complainant is satisfied, partially satisfied or dissatisfied with the outcome of the investigation/s if the complainant is partially satisfied or dissatisfied, the complaints record should state if they have been advised of the next step in the centre's complaints process and information on support and advocacy services. | | |
| | <p>Response by Registered Person(s) Detailing the Actions Taken: In line with other Mental Health Day Care facilities we will keep a copy of all complaints for ease of reference for future inspections.</p> | | |
| <p>Recommendation 3 Ref: Standard 17.10 Stated: First time To be Completed from: 25 March 2016</p> | <p>The registered persons should ensure monthly monitoring visits are consistently undertaken of Melrose Day Centre in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The registered persons, in the first instance, are advised to contact RQIA to request any changes in the frequency of monitoring visits of Melrose Day Centre.</p> | | |
| | <p>Response by Registered Person(s) Detailing the Actions Taken: Monitoring reports continue to take place on a monthly basis within the Melrose centre, apart from 2 visits that were not completed in December 2015 and January 2016. As the registered manager I will continue to make every effort for these to be consistent. Following discussion with RQIA and the line manager for Mental Health Day Care it has been proposed that monthly monitoring visits are too frequent and that quarterly visits would suffice. This request will be submitted to RQIA.</p> | | |
| Registered Manager Completing QIP | | Date Completed | |
| Registered Person Approving QIP | <i>Eaine Hay</i> | Date Approved | 18 May 2016 |
| RQIA Inspector Assessing Response | <i>Lorise McCabe</i> | Date Approved | 27/5/16 |

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

Further info needs
on Requirement
1. Email sent
on 27/5/16.