# Unannounced Care Inspection Report
# 11 October 2016

# Maybrook Adult Training Centre

**Type of service: Day Care Service**
**Address: 149 Racecourse Road, L'Derry, BT48 8RD**
**Tel no: 028 7135 3754**
**Inspector: Dermott Knox**

## 1.0 Summary

An unannounced inspection of Maybrook Adult Training Centre took place on Tuesday 11 October 2016 from 10.30 to 17.30.

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

**Is care safe?**

The day centre premises were in good condition with no obvious hazards for service users or staff. Records and discussions with staff confirmed that staffing levels met the assessed needs of the service users, although staff said they were always alert to the need to manage challenging behaviours presented by some service users and this influenced staff deployment. Safeguarding principles and procedures were understood by all five staff who were interviewed. Risk assessments were carried out routinely in an effort to minimize risks and to manage them consistently. The manager identified medications management training as an immediate response to three medication errors that had occurred in August 2016. Observation of the delivery of care indicated that service users' needs were being met safely by the staff on duty, throughout the period of the inspection. Four areas for improvement were identified at the previous inspection on 19 October 2015 and have not been satisfactorily addressed by the WHSCT. They are detailed in Section 4.2 below.

**Is care effective?**

Well-detailed and structured care plans for service users supported the delivery of effective care for those whose circumstances and records were examined at this inspection. Progress for service users was recorded using this care planning format and the review process. The positive value of the day care service was confirmed by all of the staff members who met with the inspector and by observations of service users' involvement in the centre's activities. There was written evidence in review reports of service users, their representatives and a range of community based Trust professionals being satisfied with the outcomes of the day care service in terms of benefits for service users. Staff were deployed in a manner that made good use of their skills and experience and enabled the team to function effectively. The use of existing resources, including the transport vehicles, facilitated provision of a good range and variety of activities. One area for improvement is identified in Section 4.4 of this report. Overall, the evidence indicated that effective care is provided by Maybrook Day Centre.

**Is care compassionate?**

Interactions between staff members and service users were seen and heard to be good humoured, respectful and caring. Personal care and confidential matters were dealt with discreetly and sensitively. The caring nature of practices that were observed was reflected in progress records, written at least once for every five attendances of each service user. Staff members confirmed their confidence in the caring qualities of their colleagues and were clear that poor practice would not be tolerated. Several service users communicated positive feelings on their enjoyment of activities in which they were engaged. In a recent quality survey, 98% of relatives and carers rated the service as compassionate. Overall, the evidence presented at this inspection indicated that compassionate care was provided by the Maybrook Day Care team.

**Is the service well led?**

The Western Health and Social Care Trust and the Maybrook Day Centre have systems in place to inform staff on the responsibilities of their various roles and the expected standards of practice. Some aspects of these systems have not worked well over the past two years and areas for improvement are set out in the main body of the report and in the Quality Improvement Plan (QIP) in Section 5.3. There is a programme of staff training covering most of the identified training needs, but with significant failings. Specific areas for improvement are identified in the report and QIP. Several staff confirmed verbally that they were supervised and well supported within the team and that they have the confidence and support of their colleagues. Four staff stated, in questionnaires, that supervision and appraisal were inadequate. There were insufficient records of service users' meetings, and irregularity of these was acknowledged by the manager. Monthly monitoring reports were clear and comprehensive, although the Trust was not responding satisfactorily to each report's recommendations.

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 |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | **4** | **5** |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Raymond Boyle, 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 care inspection on 19/10/15.

## 2.0 Service details

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| **Registered organisation/registered person:**<br>Western Health and Social Care Trust | **Registered manager:**<br>Raymond Boyle |
| **Person in charge of the service at the time of inspection:**<br>a.m. - Bob Holmes and Darren McCourt, Senior Day Care Workers.<br>p.m. - Raymond Boyle, Registered Manager. | **Date manager registered:**<br>4 August 2014 |

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 19 October 2015
- The statement of purpose.

During the inspection the inspector met with:

- Eleven service users in six separate group settings
- Five care staff for individual discussions
- Four care staff in their work group settings.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Six questionnaires were returned to the inspector within the following two weeks, two from relatives of service users and four from staff members.

The following records were examined during the inspection:

- File records for six service users, including care plans and review reports
- Progress notes for four service users
- Monitoring reports for the months of August and September 2016
- Record of complaints
- Minutes of a service users' meeting, held on 10 September 2015
- Minutes of four staff meetings, held in Oct. and Nov. 2015 and April and July 2016
- Training records for one staff member
- Service User Contract/Guide
- Collated findings of the Quality Survey, carried out in 2016.

## 4.0 The inspection

## 4.1 Review of requirements and recommendations from the most recent inspection dated 26/01/16

The most recent inspection of the service was an announced premises inspection on 26/01/16. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 19/10/15

| Last care inspection statutory requirements | | Validation of compliance |
|---|---|---|
| **Requirement 1**<br><br>**Ref**: Regulation 26(2)(a)<br><br>**Stated:** First time | The registered person must ensure that the facilities within Maybrook Adult Training Centre are suitable, in size, layout and equipment, for staff to meet the needs of service users, particularly in the areas designated for continence care. | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>While an assessment of the facilities in Maybrook was completed by the WHSCT and sent to the relevant senior managers in November 2015, progress in improving the facilities in the relevant areas has been limited to the repair of fire alarms, which enables existing automatic doors to operate. The assessment highlighted the need for automatic doors to be installed in the Osprey Unit's toilet area, but this has not been done. Given that 47% of current service users in Maybrook are wheelchair users and that several other people have restricted mobility, it is important that ease of access to frequently used areas of the building is provided. This requirement is stated for the second time. | |

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| **Requirement 2**<br><br>**Ref**: Regulation 20(1)(c)<br><br>**Stated:** First time | The registered person must ensure that all staff who may encounter challenging behaviours in their work receive training appropriate to the work they are to perform. | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>Less than 10% of the team have been provided with suitable training for managing challenging behaviour, throughout the past year. Following the previous inspection on 19 October 2015, when this requirement was first made, the registered person responded as follows:<br><br>"A number of staff within the Adult Mental Health and Disability Directorate have successfully completed their Management of Actual or Potential Aggression (MAPA) Train the Trainer Course. Negotiations are ongoing between the established provider, the Clinical Education Centre and the Social Services Training Team as to how best these trainers can roll out the required MAPA training to those staff working within Social Care who may encounter challenging behaviour."<br>This response from the Trust was signed by the registered person on 12 January 2016. Of the 31 care staff in Maybrook, two have been provided with MAPA training, since that date and this is an unsatisfactory response by the Trust.<br>This requirement is stated for the second time. | |
| **Last care inspection recommendations** | | **Validation of compliance** |
| **Recommendation 1**<br><br>**Ref**: Standard 18.1<br><br>**Stated:** Second time | The registered person should ensure that a policy and a procedure on the Management of Challenging Behaviour is made available to staff in the centre, at the earliest possible time. | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>The manager and senior staff in Maybrook acknowledged that they still did not have a written WHSCT policy and procedure on the Management of Challenging Behaviour. This recommendation is stated for the third time. | |

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| **Recommendation 2**<br><br>**Ref**: Standard 18.1<br><br>**Stated:** First time in Maybrook Adult Training Centre. | The specific focus on continence promotion and care was introduced to inspections by RQIA in April 2015. The WHSCT does not yet have in place a written policy and guidance to staff on this aspect of care and this has been recommended to the Trust in a number of inspection reports this year. The registered person should ensure that a written policy and guidance to staff on continence promotion and care are provided urgently. | **Partially Met** |
| | **Action taken as confirmed during the inspection**:<br>Since the previous inspection, the manager has sourced a WHSCT guidance document on Continence Support and, from another statutory service provider, "Guidance for Continence Promotion in Day Care Services". Maybrook also has made available to staff the WHSCT's Draft "Intimate Care Guidelines", dated January 2014, although it contained a number of proposed revisions. No final, approved version of those guidelines was available for inspection.<br>The WHSCT's response to this recommendation, following the previous inspection, included the statement, "The absence of a Trust wide continence promotion policy is noted and recognised by the Senior Management Team within Learning Disability services."<br>The continence promotion policy was still not available at this inspection. | |

## 4.3 Is care safe?

Three staff members, who met individually with the inspector, confirmed that they have confidence in the practice of all other members of the staff team, in their work with service users. Additionally, two senior day care workers spoke of their reliance on other members of the team to manage direct work with service users, whenever they were required to attend to management tasks away from the front-line work. One of the two senior day care workers had completed an assessment of competence to take charge of the centre in the manager's absence. The second senior staff member completed this within the week of this inspection; the manager confirmed this by phone. Recruitment and selection methods were reported by staff members as being standardised and professional, in keeping with the Trust's procedures.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, including behaviour management specialists, service users and, where appropriate, relatives or carers. Written risk assessments were well-detailed and included separate records for transport, moving and handling, continence care, mealtimes and specific challenging behaviours. Many of these had been signed by the service user's representative to indicate agreement with the

assessment and with the plan to minimize the identified risks. The centre makes the DHSSPS "Easy-read" paper, "Our plan about keeping people safe", available to service users and their carers.

Fire alarm systems checks were carried out and recorded on a weekly basis and a fire risk assessment was completed by the Trust on 16 August 2016. An inspection of the premises, by RQIA, in January 2016 confirmed that a range of fire protection measures are in place for the premises including a fire detection and alarm system, emergency lighting, first aid and fire-fighting equipment, structural fire separation and protection to the means of escape. That inspection also identified the need to carry out remedial upgrade works in the 'Osprey' area of the centre to include improved access arrangements for service users.

Service users' rights and the methods available to them of raising a concern or making a complaint are made clear in writing in each person's agreement, when they first attend the centre. Service users' and their carers' satisfaction with the quality of care is surveyed annually. Evidence from discussions, observations and in written records indicated that staff regularly seek the views of service users, through a variety of communication methods, regarding their care preferences and the activities in which they wish to participate. Staff presented as being well informed of the needs of service users and of methods of helping to meet those needs safely.

The centre was clean, spacious, well decorated and in good repair. There are eight large rooms for group activities and a number of smaller rooms, including four Snoezelen multi-sensory rooms, for individual or small group work with service users, when necessary. Two service users, individually, confirmed that they felt safe in the centre and that they enjoyed taking part in activities.

Staff members spoke knowledgeably about the varied needs of service users for food to be of a specific texture, temperature and taste. Four service users communicated their enjoyment of the cooked lunch provided for them. Many service users had food information place mats to act as a constant reminder to staff of that individual's particular needs and any risk alerts associated with eating and drinking. Training on food safety had been provided for staff on 7 September 2016. There was wide-ranging evidence to support the conclusion that continuous efforts are made by the manager and staff to promote safe care for service users in Maybrook ATC.

Eleven significant events had been reported to RQIA in the year preceding this inspection, 10 of which accurately met the criteria for notifiable events. One was judged by the manager to be a vulnerable adult safeguarding matter, investigation of which was ongoing at the time of this inspection. Each of these events had been managed appropriately by the manager and staff. There had been one complaint recorded, regarding concerns of a relative of one service user and this had been resolved to the full satisfaction of the complainant.

**Areas for improvement**

Four areas for improvement were identified at the previous inspection on 19 October 2015 and have not been satisfactorily addressed by the WHSCT. Safe care provision is compromised by the continuing absence of a written policy and procedure for the management of challenging behaviours presented by this client group and the absence of a written policy on continence care.

Staff training on the Management of Actual or Potential Aggression (MAPA), has not been provided for a large majority of the staff team.

The assessed need for automated access to the toilet and personal care facilities adjoining the Osprey Unit have not been addressed.

The restated requirements and recommendations are detailed in Section 4.2, above.

| Number of requirements | 2 | Number of recommendations | 2 |
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## 4.4 Is care effective?

Records for six service users were selected and examined, including those for service users with complex health needs, two service users who frequently presented challenging behaviours and one person who had made the transition from school to the adult centre within the past two years. The records included written agreements/contracts for the provision of a day care service and were signed by both the relevant service user, or a representative, and the service provider. The format and content of the contract document should be developed to increase the accessibility of this information to the service user.

A number of service user's records included inputs by other professionals, e.g. Speech and Language Therapists, Psychologists, Positive Behaviour Team and Occupational Therapists and these were viewed by staff as being valuable contributors to the effectiveness of the service. Records contained copies of assessments, care plans and reviews of these plans, carried out at least annually. In the past year there have been positive developments in the involvement of more service users in mixed gender groups and this was reported by staff to have made a positive impact on most of the group members.

Records were generally well-organised and provided assessments of needs and risks related specifically to each service user. Care plans addressed identified needs in good detail, setting out the objectives and the actions required to achieve them and providing clear guidance to staff on the support required to meet the individual's needs. Annual reviews for each service user had been carried out regularly with well-prepared reports written by key-workers in preparation for each review. One report in particular painted a warmly descriptive image of the service user's presenting behaviours and development. A record was kept of each service user's involvement at the centre and progress records were written in proportion to the frequency of the individual's attendance and were in keeping with the minimum standards. The recent quality survey findings, from 56 completed questionnaires, were that 94% of the relatives and carers who responded judged the service to be effective.

The monitoring reports, that were examined, related to visits made by two different peer managers within the Trust. Both reports included accounts of discussions held with other visiting professionals and one report included the views of a member of the Foyle Parents & Friends Association, all of whom expressed positive views about the quality of the service provided in Maybrook. One social worker, who had several clients attending the centre, was quoted as saying, "I think the unit provides a first class service, is very innovative with coffee mornings, raffles, fun days and themed parties throughout the year."

The evidence indicates that the care provided is effective in promoting service users' enjoyment and wellbeing and can be improved in the area identified below.

**Areas for improvement**

The format and content of the Service User's Contract document should be developed to increase the accessibility of this information to service users.

| Number of requirements | 0 | Number of recommendations | 1 |
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## 4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of positive and purposeful relationships between service users and staff members, who presented as being committed to providing service users with a supportive and enjoyable experience at the centre. In all of the interactions observed, service users were engaged with warmth, respect and encouragement. Work was underway throughout the centre to make and install seasonal decorations and costumes for forthcoming Hallowe'en festivities and several people expressed some excitement about this.

During the inspection visit, seven service users communicated with the inspector, providing evidence of their engagement with the centre's activity programmes and their own specific care plan. Activities included the use of a music keyboard and rhythm instruments, music CD's, colouring pictures, table-top craft activities, cooking, horticulture, beauty therapy, shopping, ten-pin bowling and various cultural and sightseeing outings. Observation of events throughout the day confirmed that service users were afforded choice and were seen to be encouraged in constructive activities by staff. There was evidence within the centre of a supportive balance between encouragement of independence for individuals in choice and involvement, and the behaviour management controls by staff that were necessary to ensure the comfort and safety of all group members.

There were systems in place to ensure that the views and opinions of service users and carers were sought and taken into account, through a fourteen point annual quality survey, which included specific questions on the provision of safe, effective and compassionate care. Survey results showed that 98% of respondents regarded the service as compassionate. Staff who were interviewed, and those who discussed their work informally, demonstrated a clear understanding of each service user's assessed needs as identified within the individual's care plan. Monthly monitoring reports included comments on discussions between the monitoring officer and several service users and gave a positive account of the service users' experiences in the centre. Minutes of one service user meeting, dated 10 September 2015, were available for inspection. The manager acknowledged that recorded service user meetings had been in abeyance for some time, but said they would be scheduled at the earliest possible time. A recommendation is made in this regard.

**Areas for improvement**

Service user meetings should be held at least quarterly and a record of each meeting should be kept in accordance with good records management procedures. Given the large number of people who attend the centre, meetings may be more beneficial if convened in smaller groups.

| Number of requirements | 0 | Number of recommendations | 1 |
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## 4.6 Is the service well led?

Maybrook ATC has management systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. There was evidence from discussions with the manager and staff members to show that staff were appropriately experienced and qualified for their designated roles and were deployed in the centre in a manner that made good use of their skills and experience. Management and staffing information is included in the statement of purpose and in the service user guide, making the structures clear for those who use the day centre. Several staff confirmed that they were supervised and supported, formally and informally, within the team, although four staff stated in questionnaires that they had not been provided regularly with formal supervision or annual appraisal. Two requirements are made with regard to these matters. Questionnaire respondents were either satisfied or very satisfied with the quality and safety of care provided.

There was reported evidence from staff of positive working relationships between the manager and the staff team members and amongst the whole team. Individual staff members, who were interviewed, reported good levels of team morale and confidence in the support of other team members. A system is in place for the identification of staffs' training needs and for meeting these, including planned training days for the provision of mandatory training. The registered manager has sought training opportunities for staff, but these have not all been provided within reasonable timescales by the Trust.

Two policy documents that had been unavailable at the previous inspection were still not completed. The registered manager had sourced other guidance for staff, pending the completion and approval of written policies on, "Management of Challenging Behaviours" and, "Continence Promotion and Care". The previous inspection's recommendations are restated.

Examination of two monitoring reports showed that the required aspects of the centre's operations were checked, with necessary improvements identified in an action plan, which was then subject to follow-up checks for progress. However, in both monitoring reports, the need for MAPA training for staff and the required upgrade of toilet areas were identified, with completion dates being moved forward month by month. In this situation it is recommended that the registered person should ensure that an explanation for non-compliance with recommendations is added to the subsequent monitoring report. Monitoring reports were well detailed in their inclusion of the views of service users, their relatives/representatives and staff members.

Six questionnaires were completed and returned to RQIA; four by staff members and two by relatives of service users.

**Areas for improvement**

Two policy documents that had been unavailable at the previous inspection were still not completed. (included in Section 4.2).

The registered provider should ensure that recommendations made in a monthly monitoring report are carried out, or that failure to do so is explained in the subsequent monitoring report.

The registered person must ensure that all staff receive formal supervision and appraisal in keeping with the regulations and standards.

| Number of requirements | 2 | Number of recommendations | 1 |
|---|---|---|---|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Raymond Boyle, 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 centre. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and 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 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

| Statutory requirements | |
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| **Requirement 1**<br><br>**Ref**: Regulation 26(2)(a)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>31 March 2017 | The registered provider must ensure that the facilities within Maybrook Adult Training Centre are suitable in size, layout and equipment, for staff to meet the needs of service users, particularly in the areas designated for continence care. |
| | **Response by registered provider detailing the actions taken:**<br>"The commissioned Estates Department Review of all Adult Learning Disability day centres is now complete and just published. For the Maybrook Centre, many areas requiring improvement or replacement, with costings, have been identified. The toileting areas and ease of access to them, especially within the Osprey Unit will be prioritised from this review for action.<br>These reviews and their findings will now be discussed and prioritised by Senior Management. The Registered Manager will follow up with and emphasise to line management the need around the access point to be prioritised. |
| **Requirement 2**<br><br>**Ref:** Regulation 20(1)(c)(i)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>31 January 2017 | The registered provider must ensure that all staff who may encounter challenging behaviours in their work receive training appropriate to the work they are to perform. |
| | **Response by registered provider detailing the actions taken:**<br>The Registered Manager has, on a number of occasions, raised the ongoing deficit in the roll out of The Management of Actual or Potential Aggression (MAPA) for those staff working within Maybrook Centre at the Day Care Managers' Meetings.<br>Senior Management within the Learning Disability Sub-directorate continues to engage and negotiate with the Social Services Training Team in resolving this training need.<br>Maybrook Centre staff received a full day training on the Management of Autistic Spectrum Disorder on 23rd November 2016 and half-day training , "Managing Challenging Behaviour" in March. These days assisted staff in their development of structured approaches, behaviour techniques, pictorial communication aids and daily schedules, all to assist with those clients who may pose behavioural challenges.<br>The Trust continues to register this deficit in MAPA training on the Corporate Risk Register but will continue in their efforts to resolve same. |

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| **Requirement 3**<br><br>**Ref:** Regulation 20(2)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 December 2017 | The registered person must ensure that all staff receive formal supervision in keeping with the regulations and standards. |
| | **Response by registered provider detailing the actions taken:**<br>The Registered Manager, with the assistance of the two Acting Senior Day Care Workers will ensure that all band 5 Day Care Workers receive their formal supervision at the minimum of at least quarterly.<br>Opportunity remains for all staff to have ad hoc supervision. The Manager will ensure that all band 5 Day Care Workers will supervise the band 3 Day Care Assistants similiarly. |
| **Requirement 4**<br><br>**Ref:** Regulation 20(1)(c)(i)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 December 2017 | The registered person must ensure that all staff receive appraisal in keeping with the regulations and standards. |
| | **Response by registered provider detailing the actions taken:**<br>The Registered Manager will ensure that all staff will receive Annual Trust Appraisals on a yearly basis. Clarity has been sought from WHSCT Human Resources Department with regard to Appraisals being carried out by band 5 care staff. It is now agreed that band 5's carry out appraisals for band 3 care staff. This will be the roll out system within Maybrook Centre. |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref**: Standard 18.1<br><br>**Stated:** Third time<br><br>**To be completed by:**<br>30 November 2016 | The registered provider should ensure that a policy and procedure on the Management of Challenging Behaviour is made available to staff in the centre, at the earliest possible time. |
| | **Response by registered provider detailing the actions taken:**<br>A renewed impetus will be focused in developing a policy on the Management of Challenging Behaviour for Adult Learning Disability Services. The Senior Behavioural Therapist with lead responsibility is again back at work and with Senior Staff in the Psychology Team will focus on this task.<br>On an individual client basis, staff seek behavioural support from the Positive Behaviour Team and follow individual care plans. These are reviewed as needed and routinely at Annual Care Reviews.<br>Staff have been issued with the WHSCT's Positive Behavioural Support Service: Operational Policy (reviewed May 2016). This is specific to persons with learning disabilities. They also continue to have access to the NICE guidelines on Challenging Behaviour and Learning Disabilites; prevention and interventions. |

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| **Recommendation 2**<br><br>**Ref**: Standard 18.1<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>30 November 2016 | The specific focus on continence promotion and care was introduced to inspections by RQIA in April 2015. The WHSCT does not yet have in place a written policy and guidance to staff on this aspect of care and this has been recommended to the Trust in a number of inspection reports this year. The registered person should ensure that a written policy and guidance to staff on continence promotion and care are provided urgently. |
| | **Response by registered provider detailing the actions taken:**<br>The Registered Manager has, again, registered the continued absence of a written continence policy with the Learning Disability Senior Management Team. In response, the Learning Disability Assistant Director has written to the Trust's Executive Director of Nursing for direction in how to take this forward.<br>Presently, Maybrook Centre care staff follow individual continence care plans and follow the "Guidance for Continence Promotion in Day Care Services".<br>Referrals to the Community Learning Disability Nursing Team regarding any continence concerns continue to be made. |
| **Recommendation 3**<br><br>**Ref**: Standard 3.2<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 December 2016 | The registered provider should ensure that the format and content of the Service User's Contract/Agreement document is developed to increase the accessibility of this information to service users. |
| | **Response by registered provider detailing the actions taken:**<br>The Registered Manager along with a number of day care staff will review the Service Users' Contract document both in content and format. The assistance of the Speech and Language Therapy personnel will be sought as part of this considering their expertise and ideas in how to communicate information better and more accessible to those service users who do not understand the written word. Once completed, this revised document will be forwarded to Maybrook's RQIA inspector. |
| **Recommendation 4**<br><br>**Ref**: Standard 8.2<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 January 2017 | The registered provider should ensure that service user meetings are held at least quarterly and that a record of each meeting is kept in accordance with good records management procedures. |
| | **Response by registered provider detailing the actions taken:**<br>The Registered Manager will ensure these meetings are held on a regular basis. Year on year, as we continue to care for adults with more severe learning disabilities, staff have noted that clients' understanding, in the main, of topics discussed is becoming more limiting.<br>As such and to maintain independence we will seek an advocate from Foyle Parents and Friends to also "sit in" on these meetings. Record of all meetings will be maintained and signed off by both staff member and advocate . |

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| **Recommendation 5**<br><br>**Ref**: Standard 17.10<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 November 2016 | The registered provider should ensure that recommendations made in each monthly monitoring report are carried out, or that failure to do so is explained in the subsequent monitoring report. |
| | **Response by registered provider detailing the actions taken:**<br>The Trust recognises and accepts the point regarding the repeating of same recommendation(s), month on month, without explanation of why not resolved,<br>Going forward, Registered Manager, in consultation with peer monitor on day of visit will ensure that recommendations from previous month's monitoring report will be stated as being "carried out/completed" or reason(s) given as to why not carried out. If not carried out/completed, such recommendations will be escalated to Community Service Manager, initially. This escalation will then be recorded in the following month's monitoring report. |

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

The Regulation and Quality Improvement Authority

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