

Unannounced Day Care Setting Inspection Report 05 January 2017



Meadows Rehabilitation Centre

Type of service: Day Care Service
Address: 293 Bridge Street, Portadown, BT63 5AR
Tel no: 02838338145
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Meadows Rehabilitation Centre took place on 05 January 2017 from 11.00 to 17.00 hours.

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

Is care safe?

The inspection of staff records such as duty rotas, supervision and training; observations of the setting; discussions with service users, one relative and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. In conclusion the care provided in this setting was focussed on avoiding and preventing harm to the service users in the setting and in the community.

Overall the inspection of “is care safe” concluded the minimum standards inspected were broadly met and to achieve full compliance two areas for improvement were identified. They were: evidence of pre-employment checks that conclude the worker is safe to work in the setting prior to the commencement of their employment should be stored on staff records held in the setting and the staff induction should include an assessment of competency as described in standard 21.

Is care effective?

The inspection of service users’ individual care records, incident recording, complaints recording, discussion with the service users, staff and a relative concluded care was being delivered at the right time, in the right place, and with the best outcome. We found individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met. One area for improvement was identified regarding the review of the handling of service user’s monies to ensure procedures are compliant with standard 11.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect and they were encouraged by staff to be involved in decisions affecting their care and support.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. One recommendation is made regarding reporting on the service user’s views and opinions in an action plan that addresses any themes or potential improvements.

Is the service well led?

The discussion with staff and service users regarding the management arrangements were in place and their effectiveness revealed there were clear arrangements regarding staff roles and responsibilities and management arrangements. Documents and records such as incident recording, complaints recording, team meetings minutes, and evidence of staff support and

supervision meetings demonstrated arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of “Is the service well led?” concluded the inspection of the minimum standards was broadly met. Three areas of improvement were identified during the inspection, they were: The frequency of staff supervision should be improved; audits of working practices (standard 17.9), and safe and healthy working practices health (standard 27.3) should be in place; and the annual report for 2015/2016 should be completed.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Iona Henry, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 04 September 2015.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Mr Francis Rice	Registered manager: Iona Henry
Person in charge of the service at the time of inspection: Iona Henry	Date manager registered: 0 October 2010

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Southern Trust
- Incident notifications which revealed 3 incidents had been notified to RQIA since May 2015
- Unannounced care inspection report 25 June 2015

- Announced Premises inspection report 4 September 2015.

During the inspection the inspector met with:

- The registered manager
- Four care staff
- Twenty one service users
- One relative.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Three were returned by service users, three by staff and one by a relative.

The following records were examined during the inspection:

- Four service users' individual care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record which revealed no issues or complaints had been recorded since April 2015 to January 2017
- A sample of incidents and accidents records from September 2016 to January 2016
- The staff rota for November & December 2016 and January 2017
- Four individual staff records
- The minutes of four service user meetings (February, May, June and October 2016)
- Staff meetings held between November 2016 to January 2017
- Staff supervision dates for 2016
- Monthly monitoring reports from August to November 2016
- Staff training information for 2015 and 2016
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- The Service User Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04 September 2015

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 25 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 11 (1) Stated: First time	<p>The responsible person must review the management arrangements in the day centre and ensure:</p> <ul style="list-style-type: none"> the registered manager is responsible for the day to day management of staff protocols are in place regarding annual leave and the secondment of staff and must be subject to the needs of the centre the lines of accountability and responsibility are clear and staff are familiar with the issues that require to be report to the registered manager. 	Met
	<p>Action taken as confirmed during the inspection: Inspector confirmed lines of accountability and protocols had been implemented and communicated to staff, this had improved the above matters.</p>	
Requirement 2 Ref: Regulation 20 (1) (a) Stated: First time	<p>The responsible person must detail the arrangements to ensure the day centre is adequately staffed.</p> <p>The registered manager must ensure that the duty roster indicates the staff member who has responsibility for the centre in the absence of the registered manager.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspector confirmed the day care setting was adequately staffed on the day of the inspection and the staffing arrangements had been improved since the last inspection. Staff rotas were available and up to date at the time of inspection which evidenced daily staffing numbers.</p>	

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The registered manager should ensure that care plans reflect individual service users' continence needs and detail the management of the identified needs.</p> <p>Service users preferences regarding their intimate care and continence promotion should also be reflected in their care plan.</p> <p>Action taken as confirmed during the inspection: Four care plans were inspected and when care or support was required continence needs were described with the plan to meet the needs</p> <p>Continence awareness training was also delivered to staff in 2015.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered manager should obtain information regarding the continence assessment and recorded the information in the service user's care plan.</p> <p>Action taken as confirmed during the inspection: Contact had been made with relevant professionals where a need was identified and care plans had been updated.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p>	<p>The registered manager should ensure that service users meetings are held on a regular basis.</p> <p>Action taken as confirmed during the inspection: Service User meetings were scheduled quarterly as stated in the last QIP however they did not all happen. Advice was given to promote the improvement stated in the previous QIP is achieved.</p>	Partially Met

4.3 Is care safe?

A sample of the staff rotas were reviewed for November & December 2016 and January 2017. This detailed each part of the setting was staffed, who was in charge of the setting in the registered manager's absence and the registered manager's whereabouts. Observation, discussion and the review of the staff rota provided evidence there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of

service users on the day of the inspection. The distribution of staff across this setting took into account the size and layout of the premises, the number of service users and their support needs; including intensive care needs.

The staffing numbers and allocation of staff to roles and responsibilities was also discussed with staff on duty and observed. The staff were seen subtly communicating with each other to ensure service users' needs were met as they were identified. Service users walked between rooms and activities and this was observed by staff who moved to accompany the service users and ensure they were safely moving around the building.

Discussion with staff provided evidence they were familiar with the needs, interests and preferences of the service users in their group. The staff described the roles and responsibilities of the staff in the setting, they identified who they could seek support from if they had a concern or practice issue. If the manager was not on site because she manages other day care settings, a day care worker in charge had always been identified. Team briefings had been held daily which included discussion regarding staff, roles and responsibilities and service users' needs. This provided assurance that staff were planning to deliver care safely and could seek support or advice as required.

Four staff members' individual records were inspected. The records did not provide evidence that staff had been recruited and vetted using safe procedures, as described in standard 20.2. Trust policy and procedure described how the recruitment of staff was managed by the trust. Whilst it was acknowledged the recruitment records would be held by the recruitment team; staff records stored within the day care setting should evidence that pre-employment checks had been completed. It was further noted that evidence of these checks were vital to ensure that the worker was safe to work in the setting prior to commencing employment. A recommendation is made to improve evidence in this regard.

The staff induction programme was discussed with staff and the current induction records were reviewed. The model used was a general checklist of duties and orientation of the centres procedures and processes. This did not include an assessment of competency as described in standard 21. The standard cites the Northern Ireland Social Care Council (NISCC) induction standards as a model to use and this advice was given to the manager. The staff induction should be improved and a recommendation is made in this regard.

The incident and accident records were inspected. They detailed accidents and incidents involving service users and staff. The notifications received by RQIA were cross referenced with a sample of the centres records which confirmed they were reporting in compliance with regulation 29.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the centre had been kept clean and tidy; hand hygiene was promoted using notices and resources. The front door was managed by staff; if service users wanted to leave the setting they asked staff and visitors calling to the setting used the bell to gain entrance. This restriction was in place to meet the identified needs of service users who had been assessed as having memory loss. Since the last inspection, one service user had left the building unnoticed when the door was not closed properly by a visitor. This incident was resolved quickly and safely by staff. The incident risk assessment identified if visitors were using the door the staff should observe the service users closely to ensure they are aware of the service user's whereabouts in their group. This is in contrast to times when the front door is secure and service users have free movement around the setting, when they can move freely from one

activity to another. Discussion with service users revealed they felt safe with the front door being managed in this way and were happy to tell staff if they wanted to leave the building. Overall the inspection of these arrangements concluded the restriction in place was the least restrictive measure to meet identified service user's needs.

A tour of the day care setting, discussions with staff and the registered manager identified the building and grounds were kept tidy and were in a reasonable state of repair. The day care setting's fire safety records were viewed for 2016. The fire risk assessment was current and the action plan had been completed to ensure identified risks had been managed or eliminated. The most recent fire evacuation was carried out in October 2016 however; in contrast to previous evacuations this did not include the service users. Advice was given to involve service users as appropriate to ensure staff are familiar with the evacuation procedure and that staff can assess any challenges or concerns when assisting service users in the evacuation.

Discussion with service users identified they felt safe because they knew staff were looking out for them, they had enjoyed doing crafts, going on outings and the chance to have a chat. Service users said they could talk to any of staff if they needed to.

One relative met with the inspector and said they felt the setting was a safe place for their relative to be cared for. They identified there were safe staff levels in the day care setting, the drivers and escorts were able to ensure their relative safely left the house, boarded and exited the bus. They described they felt communication from staff was open, they were assured staff would and do communicate any concerns or issues promptly and openly. They also said the staff encouraged the relative to openly communicate with staff in the day care setting to ensure they could provide the best care.

Three service users returned questionnaires to RQIA regarding this inspection. They stated they were very satisfied with the safe care in the day centre. They felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded. Comments made were "the care is very very good. Nothing is a problem for them and also a big smile when they do it".

One relative returned a questionnaire, they identified they were very satisfied with the safe care in the setting. They stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Three staff members returned questionnaires to RQIA post inspection. They stated they were satisfied care was safe in the setting. They identified the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

Areas for improvement

Two areas for improvement were identified in respect of this domain. These related to evidencing on staff files that pre-employment checks have concluded the worker is safe to work in the setting prior to the commencement of their employment and improving the staff induction procedures.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

The inspection of four service users individual care records provided evidence that the day care setting had effectively planned to meet the assessed needs of the service users. Observation of care provided evidence the care plans were being put into place by staff in a gentle, encouraging way that was personal to each individual service user. Staff were observed engaging with the groups in activities and supporting individual service users. The care plans inspected clearly described the service users' needs and how they should be met in the service. These had been signed to show the service user and/ or the relative agreement to the arrangements.

The care records inspected had been maintained in line with the legislation and best practice guidance. There was evidence care records had been updated and reviewed by service users and keyworkers in a timely manner such as the individual's annual review of their day care placement. Meetings had been held in addition to the review; for example when it was identified one service users plan was not working and the service user's needs had changed. The aim of the meeting was to ensure the care was responsive to need and the care in the day care setting was achieving the best possible outcome. There was also evidence of file audits being undertaken by the day care worker in charge.

The care records included risk assessment information and planning documents that detailed how the health and well-being needs of the service users should be met. One of the records detailed instruction regarding money management because the service user was not aware of what money they needed to give staff. This prompted discussion with the manager and senior day care worker which revealed the arrangements for service users to pay monies owed for meals or outings were not clear, particularly for service users with memory loss. The procedures for managing service users' money should be improved and a recommendation is made to review and amend practices in compliance with standard 11. Particular attention should be given to evidencing transactions and providing receipts (standard 11.5) and enabling service users with memory loss to manage money safely whilst maintaining their independence where possible.

The care records inspected included evidence of multi-professional input into the service users' health and social care needs assessment. For example, speech and language professionals and other medical professionals had contributed to assessing needs and formulating the care plan. Care plans contained information that identified they were written with the service user or relative. This is good practice, in particular proactive engagement is promoted in the day care setting standards as an effective way to ensure service users are fully involved and care improves outcomes for service users.

Discussion with service users about day care and the activities they were taking part in provided assurance they knew what activity they wanted to take part in. They confirmed this was their choice and they had been informed of what was on offer. Staff were observed providing one to one care and group care to the service users. One service user said they liked to walk up and down the corridor; and this was facilitated by staff. Staff and the service user discussed this was the only time the service user could safely practice their walking to improve their mobility. The service user said this was important to them and they were appreciative that staff facilitated this for them. This was a clear example of how effective compassionate care was being provided for this service user.

Discussion with service users and observation of care evidenced service users were encouraged to be independent in the setting in terms of their choices, preferences, mobility and personal care. Service users were observed seeking and accepting assistance from staff as necessary. Staff responded in a subtle way that protected service users' dignity and privacy, they were observed to be caring and responsive to need.

Staff discussed the arrangements in place to ensure care was effective, for example training; good communication; knowing service users' including their needs and care plan. One staff member described if service users did not come into day care when they are expected they would ring their home and/ or relatives to check they were all right. They recognised this promoted good communication and the caring approach of the staff. This also ensured they were aware of emerging needs that may have prevented attendance in day care. This was an example of effective care in this setting.

One relative discussed the care was effective because staff communicate with them openly. They said there had been a good flow of information, particularly in the review meetings when they discussed their relative's needs and how they were met in day care. They said their relative would be in full time care if they were not in day care because they would not be safe, stimulated intellectually or have social contact at home. They identified the structure to their relative's day, the safe care and having the opportunity to mix socially in a managed environment was effectively meeting their relative's needs.

Three service users' questionnaires stated they were very satisfied regarding the effective care in this setting. They identified they were getting the right care at the right time, staff communicated well with them, their choices were listened to, they chose the activities they took part in and had been involved in the annual review of their day centre placement. One service user wrote "activities are usually pre planned and prepared", another wrote ". . . has encouraged me to keep myself clean and tidy and also engage with other people and staff".

The relative questionnaire identified they were very satisfied with the effective care in the setting. Their relative received the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these were incorporated into the care they received and that they were involved in their relative's annual review.

The three staff questionnaires identified they were very satisfied with the care in the setting. They stated service users were involved in their care plan, care plans informed the care provided, monitoring of quality was in place and that staff responded to service users in a timely manner. One staff member wrote "I believe care is provided in a safe and quick manner".

Areas for improvement

One area for improvement was identified during the inspection; this related to ensuring that the procedures for managing service users' monies are reviewed and amended in compliance with standard 11.

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

This centre met the needs of service users over 65 years of age; some of whom had a diagnosis of dementia. Some service users took part in activities with little staff support; other service users had physical and cognitive needs that required a higher level of staff support. The staff described their role in the setting was to support and facilitate service users to take part in the activities and social opportunities in the setting. Staff were observed communicating warmly with the service users to promote involvement. They discussed what was on offer with service users and encouraged them to take part. Each staff member presented as familiar with their role when delivering activities and they were observed encouraging service user feedback. This was an example of staff promoting service users independence, choice and involvement in the activity schedule.

Discussion with staff in the day care setting confirmed the activities were tailored to meet the needs of the service users and providing choice. Observations of staff care provided evidence service users' were responded to in a timely manner that enabled them to be involved in the activity. For example, during a craft activity service users were given one to one support as required so they could make the activity. If staff noticed a service user was disengaging, they helped them get involved again or walk to another room/activity. The display board in the main dining room was used to notify service users of the activities available on the day, the daily menu and the staff who were working.

Observations and discussions with service users taking part in activities demonstrated that motivation to participate was good and their conversation indicated they were satisfied their choices and preferences were being met. One service user said this setting was important to them because it got them out of the house and they liked to socialise. They described the centre as "first class". They said staff were available to help them but not on top of them all of the time. Another said staff had been kind and thoughtful; they said the day centre was "a life line" for them.

The manager provided evidence of service user consultations for example, the service user meeting records. These had been held three times in 2016 and recorded service users' views opinions and preferences. The record detailed they had discussed what day care meant to the service users, the activity schedule, staff and food. This was a good example of involving service users in their care and support however, the frequency of the meetings, according to the last returned QIP, should have been more frequent. The standard regarding service user consultation does not state a frequency; therefore advice was given to promote increased frequency of these meetings as planned.

The registered manager provided a copy of the annual survey that was undertaken to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. The survey was completed and reported on in June 2016. Examination of the report identified that the returned surveys had been analysed and this did not reveal any concerns. However, there was no action plan written to address any themes or potential improvements. A recommendation is made in this regard.

Three service users questionnaires identified they were very satisfied with the compassionate care in this day care setting. Specifically they were treated with dignity and respect, all of the staff were kind and caring, their privacy was respected, they had choice regarding activities and were included in decisions about the support they receive. One service user commented "the

staff seem to sense when a person is not well, and act with compassion towards them. I have seen this for myself”.

The relative responded in their questionnaire they were very satisfied with the compassionate care. They stated their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative was treated well and they were consulted regarding decisions. They wrote “my (relative) is very happy at the Meadows”.

The three staff questionnaires identified they are very satisfied with the compassionate care in the setting. The service users were treated with dignity and respect; encouraged to be independent; their views were sought and acted upon.

Areas for improvement

One area for improvement was identified during the inspection, regarding writing an action plan of the annual survey responses to address any themes or potential improvements.

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

An inspection of arrangements in place evidenced that some effective leadership and management arrangements were in place. For example, the statement of purpose described how the setting delivers day care safely, and their procedures. The staff had been made familiar with legislation and best practice guidance when attending training, team meetings and when reading policies and procedures. Staff supervision had not been provided for staff in compliance with the quarterly frequency stated in standard 22.2. A recommendation is made to improve the frequency of supervision.

The complaints record revealed there have been no complaints recorded from March 2015 to the date of the inspection.

Discussion with staff and management confirmed there were positive working relationships between staff and management. The review of the minutes of staff meetings/team briefings and an analysis of staff questionnaires confirmed staff were supported to provide safe, effective and compassionate care by the manager and trust. There were arrangements in place for staff to access their line manager such as open door access to management when required. The registered manager had been in the setting weekly and when they were not there, the designated day care worker in charge was described as supportive by staff. The feedback from the staff was the registered manager and the senior day care worker had responded effectively to staff needs.

The inspection of auditing arrangements in the setting revealed the regulation 28 monitoring reporting and training records were up to date. However, other audits for example of accidents and incidents, supervision, infection prevention and control and the environment were not available. A recommendation is made to improve audits of working practices (standard 17.9), and safe and healthy working practices (standard 27.3). The last annual report completed by this service was completed in 2014. A requirement is made for this to be completed for 2015/2016.

Three service users' questionnaires identified they were very satisfied with the well led care in this setting. The service was managed well; they knew who the manager was and could talk to them if they had any concerns. They stated staff responded well to them and they were asked what they would like to do in the setting.

The relative questionnaire identified they were very satisfied that the service was managed well; staff and the manager were approachable, professional and caring. They were informed about the complaints process and they had a copy of the service user's guide.

Three staff questionnaires identified they were very satisfied the service was managed well. The service was monitored, and communication between the staff and management was effective. One staff member stated "senior day care workers are responsible for the day to day management of the day centre and to deal with the issues which arise either by staff or service users. The locality day care manager is kept informed of issues arising". Another staff member wrote "senior day care staff respond on a daily basis to issues which may arise in day care and they would seek advice or clarity from the day care manager if they are not able to address them or resolve the issue. As the day care manager is in other centres the senior day care worker would telephone or email her for advice". These working practices were confirmed as in place during the inspection.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to increasing the frequency of staff supervision; improving audit arrangements and evidence of working practices (standard 17.9), and safe and healthy working practices (standard 27.3) and ensuring that the annual report is completed for 2015/2016.

Number of requirements	1	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Iona Henry, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings 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

<p>Requirement 1</p> <p>Ref: Regulation 17 (1) & Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: 02 March 2017</p>	<p>The registered provider must make arrangements for the completion of the annual report for this service for 2015/2016. This should be submitted to RQIA with the returned QIP.</p>
	<p>Response by registered provider detailing the actions taken: Annual Report for 2015/2016 completed and returned with this QIP,</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 02 March 2017</p>	<p>The registered provider should improve the staff records that evidence the pre-employment checks have been completed. The record of satisfactory completion should be stored in the setting for inspection.</p>
	<p>Response by registered provider detailing the actions taken: Pre-employment checks are undertaken by BSO Recruitment & Selection Shared Service Rosewood Villa Longstone Hospital 73 Loughgall Road, Armagh BT61 7P. Once undertaken an email is sent to the recruiting manager from this department to confirm when pre-employment checks are satisfactory and that a formal offer of employment has been made and accepted. The registered manager can confirm that this email will be retained in the new staff file to evidence pre-employment checks have been completed and this information will be available in the day center for inspection.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 02 March 2017</p>	<p>The registered provider should improve the induction process for new staff to include a competency assessment as described in standard 21.</p>
	<p>Response by registered provider detailing the actions taken: The registered manager has improved the induction process for new staff and this programme now includes a competency assessment as described in Standard 21.</p>

<p>Recommendation 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 02 March 2017</p>	<p>The registered provider should review and improve the procedures for handling service users' monies in compliance with standard 11. Particular attention should be given to evidencing transactions and providing receipts (standard 11.5); and enabling service users with memory loss to manage money safely whilst promoting their independence where possible.</p> <p>Response by registered provider detailing the actions taken: A record has been drawn up to evidence the transactions of money that service users are paying in the day centre for lunch, hairdressing and for monies that carers / family are paying on behalf of service users.</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 02 March 2017</p>	<p>The registered provider should improve the report of the service users annual survey completed in 2016 by completing an action plan. The plan should address any themes or potential improvements.</p> <p>Response by registered provider detailing the actions taken: Following the annual survey an action plan has now been drawn up and discussed with all staff. Some of the outcomes were: SDCW talked with relatives at review meetings and enquired about the possibility of getting their email addresses to enable day care staff to email them if they had requested to know what their family member are doing within day care. This has been discussed with day care staff and has been actioned in the centre from 21/01/2017. This will help to keep relatives informed and updated of the level of participation of their family members and they are also informed about what their relative has eaten in day care.</p> <ul style="list-style-type: none"> • Catering staff have been included in discussions on the importance of displaying the lunch menu and ensuring the menu has a variety of plain food suitable to all of the service user's palates and also to include ice cream on the menu. <p>The Day care team have reviewed the range of activities in the day centre and are planning some more short excursions on the bus. This will be dependent on the availability of the bus and the safe numbers of staff per service user group. Arrangements to incorporate a monthly tea dance / class as part of the activity programme is being progressed as a number of the service users had asked about having a dance class. The first planned tea dance is on 03/02/2017.</p> <ul style="list-style-type: none"> • The catering staff have been involved in addressing the concerns that service users raised about waiting for long periods before getting their desserts and have put in place an improvement plan to address this. <p>Many of our service users have built up a good rapport with the day care staff and they will seek staff out if they are worried or concerned however we are striving to improve this and so we have intended to discuss with the service user at various intervals within day care to reassure them that they can speak to a member of the day care staff on a one to one if they have any concerns or worries while they are in day care. We are anticipating communicating this information from the beginning of the service user's introduction to day care and we will reiterate at other intervals within day care when we are completing the care plan, goal plan and at the pre review questionnaire to enable</p>

	service users to feel that they can feel supported or listened to.
Recommendation 5	The registered provider should improve the frequency of staff supervision in compliance with the quarterly frequency stated in standard 22.2.
Ref: Standard 22.2	
Stated: First time	Response by registered provider detailing the actions taken:
To be completed by: 02 March 2017	The registered manager has addressed this through the development of a supervision template which identifies dates for supervision and PDP /KSF to ensure compliance with Standard 22.2
Recommendation 6	The registered provider should improve the auditing arrangements and records in this setting for working practices (standard 17.9), and safe and healthy working practices health (standard 27.3).
Ref: Standard 17.9 & 27.3	
Stated: First time	Response by registered provider detailing the actions taken:
To be completed by: 02 March 2017	An audit template has been devised to improve the auditing arrangements and records on monthly audits for working practices and safe and health working practices which take place each month in the day centre.

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



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