



The Regulation and  
Quality Improvement  
Authority

Market Street Beacon Day Support  
RQIA ID: 11249  
2a Market Street  
Magherafelt  
BT45 6ED

Inspector: Louise McCabe  
Inspection ID: IN22763

Tel: 0287963 2984  
Email: [dorothy.devlin@beaconwellbeing.org](mailto:dorothy.devlin@beaconwellbeing.org)

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**Unannounced Care Inspection  
of  
Market Street Beacon Day Support**

**3 August 2015**

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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 3 August 2015 from 10.00 to 17.00. 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.

For the purposes of this report, the term 'service users' will be used to describe those attending Market Street Beacon Day Support.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

The details of the QIP within this report were discussed with Ms Dorothy Devlin, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr William Henry Murphy	<b>Registered Manager:</b> Ms Dorothy Devlin
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Initially Jamie O'Neill Project Worker & then Dorothy Devlin	<b>Date Manager Registered:</b> 14 October 2013
<b>Number of Service Users Accommodated on Day of Inspection:</b> 9	<b>Number of Registered Places:</b> 16

### 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 have been met:

**Standard 5: Care Plan - Each service user has an individual and up to date comprehensive care plan**

**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) from the care inspection undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with six service users and had discussions with one staff and one carer.

The following records were examined during the inspection:

- Four complaints
- One accident/untoward incidents record
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Five service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Four monthly monitoring reports.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Market Street Beacon Centre was an announced care inspection dated 1 May 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.2	<p>A number of the stated objectives in members' support plans were presented in terms that would make it difficult to know when and if the objective had been reached. The manager acknowledged the need to work on developing this aspect of the plans and this is recommended.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            NIAMH introduced a new recovery support planning template which is now used in the Market Street Beacon Centre. The inspector examined five service user's support plans and confirmed there are measurable objectives in place.</p>	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 7.5	<p>When service users attend intermittently, it may be difficult for staff to readily recognise when progress records should be completed. It is recommended that NIAMH develop a system to ensure ease of monitoring of the levels of record keeping.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            There are key working lists in place in the centre to enable staff to monitor the frequency of service user's progress care notes. There are also file audits in place. A new computer system called GOS is in the process of being introduced across NIAMH facilities which will alert care staff when service user's care notes are due. The inspector's random sample of five service user's progress care notes concluded there were unexplained gaps in the care notes of two identified service users. A recommendation is made in the QIP about this.</p>	

### 5.3 Standard 5: Care Plan – Each service user has an individual and up to date comprehensive care plan

The day service has corporate policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff. The policies and procedures regarding standard 5 are:

- Beacon, policy and procedure for referral and attendance in Beacon Day Support
- Contenance Promotion.

Minimum standard 18.5 states policies and procedures are to be subject to a systematic three year review. The Continence Promotion policy was dated April 2011 and needs to be reviewed. Service users were encouraged to make their own decisions, be independent and were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users, this was underpinned by strong core values.

Discussions with six service users concluded they were aware they have a care plan and were involved in the process. Service users stated the manager and staff know them very well and they would be lost without the service and the support it gave them.

### **Is Care Effective?**

Staff in NIAMH services refer to care plans as support plans. The organisation recently introduced a new recovery support planning template which is used in all NIAMH services. The care inspector reviewed five service user's care plans. Care plans were reviewed by staff with service user's on a systematic basis or sooner if changes are needed. The statement of purpose detailed an overview of the information that should be included in a service user's support plan.

The support plans examined were person centred, comprehensive and reflective of the individual's needs. The level of support needed was recorded.

With regards to standard 5, staff received training in:

- Social care update training in January and February 2015
- Quality and Governance in January 2015
- Introduction to Recovery in February 2015.

### **Is Care Compassionate?**

Discussions with six service users and discreet observations of care practices concluded service users were treated with sensitivity, friendliness, care and respect. Service users were encouraged to make their own decisions, be independent and were discreetly supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

Discussions with service users concluded the quality of their lives has improved significantly as a result of attendance at Market Street Beacon Centre.

### **RQIA Questionnaires**

As part of the inspection process RQIA questionnaires were issued to service users.

<b>Questionnaire's issued to</b>	<b>Number issued</b>	<b>Number returned</b>
Service Users	9	9

The care inspector's review of the questionnaires evidenced all of the service users had circled either the satisfied or very satisfied sections regarding the quality of care provision being safe, effective and compassionate.

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

### Areas for Improvement

One identified area for improvement is needed regarding RQIA's review of standard 5. This concerns the review of the service's Continence Promotion policy.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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Standard 5: Care Plan - Each service user has an individual and up to date comprehensive care plan has been fully met.

## 5.3 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?

The organisation's corporate policies and procedures about standard 8 are:

- Complaints procedure
- Meaningful Participation Menu Strategy 'Empowerment Through Involvement 2015/2016'.

Discussions with six service user's, two staff and the manager 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. The inspector's review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care is delivered in Market Street Beacon Day Support.

### Is Care Effective

Discussions with the manager, service users and review of care 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 their views and opinions were obtained: informal discussions, service user meetings and their annual review of their day care placement.

The care inspector's review of the most recent minutes of three service users meetings showed these occurred in 17 July, 1 June and 1 May 2015. The minutes were qualitative and informative. They contained the actions taken from the previous meeting; an agenda, the initials of the service users who attended, a summary of discussions and details of who would be taking action. There was evidence that service user' views and opinions are sought and form the basis of all discussions.

The minutes of a service user's meeting on 1 June 2015 reflected the importance of service user's care notes being completed for every fifth attendance. Methods of how service users could become more involved were also discussed at both the May and June meetings.

The minutes of the May service user's meeting showed a recap of the Beacon Voice role was discussed and the date and location of their next meeting. Records showed empowerment was also discussed.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. The five review reports contained the service user's views and opinions of their day service. The manager was aware service user's annual review reports must contain all of the relevant information as stated in minimum standard 15.5.

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 in March 2015 by NIAMH to 45 service users in Market Street Beacon Centre. The following questions were asked:

- Are you supported in achieving your personal goals?
- Does the support you receive improve your quality of life?
- Is your support tailored to your individual needs?
- In your opinion, does the service promote your self-esteem & help you to challenge stigma?
- Are you involved in decisions at your service?
- Are your wishes and requests treated sensitively?
- Is your confidentiality respected?
- Is your privacy and dignity respected?
- Are you treated with respect by staff and volunteers?
- Do staff communicate appropriately with you?
- Do staff listen effectively?
- If you had a problem, would you know what to do?
- In your opinion are service users put first?
- Overall how do you rate the service you receive?

Twenty three service users completed questionnaires. Eighteen of the 23 service users said they were involved in decisions in the service. The evaluation report reflected numerous positive and qualitative comments about the Market Street Beacon Centre.

The 2015 evaluation report did not contain information on the action taken on any issues raised as the result of the 2014 annual survey of Market Street Beacon Centre. There was also no action plan on the areas for improvement as a result of the current annual evaluation report. This is an identified area for improvement.

### **Staff meetings**

The minutes of a staff meeting that occurred on 16 June 2015 reflected service user involvement.

## Complaints

Since the previous care inspection, four complaints had been recorded in the Market Street Beacon Centre's complaints record. The complaints had been investigated in a timely manner in accordance with minimum standard 14.9. However, improvements are needed in the quality of recording in the complaints record regarding identified concerns.

Where the complaint and its associated investigation are of a sensitive or confidential nature, this should be stated in the complaints record along with an explanation as to the name of the responsible person retaining these records.

With regards to investigations; where decisions are made at a senior management level; appropriate risk assessment documentation should be completed which clearly states the rationale used to inform the decision making process.

Complaint investigation records should contain:

- the specific allegations or details of the complaint made by each individual;
- a chronological timeline of events regarding the investigation of the complaint;
- details of all communications with complainants;
- clear outcomes of the investigation (including if the complaint has been proven, disproven or cannot be proven or disproven) so that information from complaints can be used to improve the quality of services;
- when the complainant was informed of the outcome/s of the investigation;
- the complainant's satisfaction or not regarding the outcome/s of the investigation.
- If the complainant is not satisfied; records should reflect they are advised of the next steps in the complaints process.

Where there are identified areas for improvement, the learning from this should be shared with managers and staff in the organisation and where appropriate relevant policies and procedures should be amended.

Discussions with six service user's during the inspection concluded they were 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

No compliments had been recorded in the service since Market Street Beacon Centre's previous care inspection. The manager was advised to record any compliments received and to ensure any thank you or compliment cards are dated.

## Monthly Monitoring Reports

The inspector reviewed three monthly monitoring reports, March, and May to July 2015 inclusive. The reports were qualitative and informative and contained a service improvement/development plan. Each of the four monthly monitoring reports reflected the numbers of service users interviewed and their views and opinions about Market Street Beacon Centre.



The inspector concludes the quality of care provision in Market Street Beacon Centre is effective, however improvements are needed concerning the quality of recording in the centre's complaints records.

### Is Care Compassionate?

Discreet observations of care practices found that service users' are treated with respect, kindness and care.

The care inspector had individual and small group discussions with a total of six service users. It was concluded service users were treated very well and with respect by the manager and staff. Several service users stated the staff go above the call of duty to ensure their needs are attended to.

A sample of the comments made by service users about the day service include:

- *"I would have been housebound before coming here. This place is good for my mental health. It gets me out, I enjoy the company and the things I do when I'm here. We're asked for our views on different things and I go to the meetings. The staff treat me well and I feel involved."*
- *"It's a great place and I've made friends. I enjoy the classes and have learned things."*
- *"I've no complaints, this place is good for me, I enjoy coming here."*
- *"The staff are a great support. I love it here and enjoy coming."*
- *"The staff are very good to us. I've been coming here for many years and I love it. I'd be lost without this place, it's helped me a lot."*

A service user and a carer raised concerns with the care inspector about disabled access to Market Street Beacon Centre. Both individuals stated there are stairs but no lift in the facility, they felt this was discriminatory for service users who have physical limitations or disabilities in addition to their primary mental health needs. The carer informed the inspector he/she had discussed this issue with a previous manager of the service. Another service user said they were worried about staff cover when identified individuals are due to go on maternity leave. The service users and carer were advised to discuss their concerns with the manager and explained she would also be sharing these with the manager.

### RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to service users.

Questionnaire's issued to	Number issued	Number returned
Staff	4	4
Service Users	9	9

With the exception of a service user's response to one question; the care inspector's review of the questionnaires evidenced all of the service users had circled either the satisfied or very

satisfied sections regarding the quality of care provision. The following qualitative comments were stated:

- *“Excellent staff. Great support and compassion.”*
- *“I always feel safe and secure. This is my life line.”*
- *“Excellent.”*
- *“Staff are very good at responding to my needs. They are able to adjust accordingly.”*
- *“I feel safe here.”*

One service user had circled the unsatisfied box in response to the following question: ‘How satisfied are you that your views and opinions are sought about the quality of the service?’ The manager was informed about this on 19 August 2015 and assurances were given to the inspector there would be follow up action regarding this.

It can be concluded the quality of care provision in Market Street Beacon Centre is safe, effective and compassionate.

### Areas for Improvement

Two areas for improvement were identified as a result of the inspector’s examination of this standard. These concerned:

1. Complaints record.
2. Annual survey evaluation report.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
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Standard 8: Service Users’ Involvement - Service users’ views and comments shape the quality of services and facilities provided by the Day Care setting, has been substantially met.

## 5.4 Additional Areas Examined

### 5.5.1 Accidents/Untoward Incidents

RQIA had received one notification since Market Street Beacon Centre’s previous care inspection. This had been reported to RQIA in accordance with regulation 29 and had been investigated. Where an untoward incident involves more than one service user, separate notification forms should be completed regarding each of the individuals. No other accidents or untoward incidents were recorded.

### 5.5.2 Progress Care Notes

A recommendation had been made about standard 7.5 as a result of Market Street Beacon Centre's previous inspection regarding the frequency of care notes. The inspector randomly reviewed the progress care notes of five service users. There were significant gaps in care records regarding two identified service users. No explanations or reasons had been recorded for these gaps. Several identified care notes had not been completed in chronological date order, and some identified entries were unclear. These areas of concern were discussed with the manager areas for improvement.

### 5.5.3 Environment

The inspector undertook a tour of the Market Street Beacon Centre. The furniture and furnishings were appropriate. In the interests of infection prevention and control plastic liners are needed in bins in toilets and bathrooms. This is an area for improvement.

#### Areas for Improvement

Two areas for improvement were identified as a result of the inspector's examination of additional areas. These concerned:

1. The quality of progress care notes.
2. Plastic bin liners in all bins.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Dorothy Devlin, 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](mailto: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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref:** Regulation 24

**Stated:** First time

**To be Completed by:**  
Immediate and ongoing

The registered persons must record all areas of dissatisfaction and in the centre's complaints record and where appropriate the respective service user's care file, and:

- (a) Where the complaint and its associated investigation are of a sensitive or confidential nature, this should be stated in the complaints record along with an explanation as to the name of responsible person retaining the records.
- (b) With regards to investigations; where decisions are made at a senior management level; appropriate risk assessment documentation should be completed which clearly states the rationale used to inform the decision making process.
- (c) Complaint investigation records should contain:
  - the specific allegations or details of the complaint made by each individual;
  - a chronological timeline of events regarding the investigation of the complaint;
  - details of all communications with complainants;
  - clear outcomes of the investigation (including if the complaint has been proven, disproven or cannot be proven or disproven); so that information from complaints can be used to improve the quality of services;
  - when the complainant was informed of the outcome/s of the investigation;
  - the complainant's satisfaction or not regarding the outcome/s of the investigation;
  - If the complainant is not satisfied; records should reflect they are advised of the next steps in the complaints process.
- (d) Where there are identified areas for improvement, the learning from this should be shared with managers and staff in the organisation and where appropriate relevant policies and procedures should be amended.
- (e) Service user's, where appropriate, should be made aware of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system.

**Response by Registered Person(s) Detailing the Actions Taken:**

The registered persons will ensure that any expressions of dissatisfaction are recorded on the appropriate complaints record and

(a) The complaint record will indicate whether or not a complaint is of a sensitive or confidential nature and will also indicate where the records are held if not appropriate for them to be held on scheme.

(b) In circumstances where a complaint is categorised as medium or high risk the rationale for this rating will be documented. Where there is a risk to a service user an appropriate risk assessment will be undertaken.

(c) Records of complaints investigations will detail the following:

- \* The nature and detail of, the complaint.
- \* If a complaint is presented by more than one individual, separate records will be maintained.
- \* A chronological timeline will be maintained to include details of all actions taken and details of all communications with complainants.
- \* The outcomes of any investigation will be clearly recorded including whether or not the complaint has been fully upheld, partially upheld or not upheld. In the event that a complaint is upheld to any degree the required action will also be documented.
- \* The complainant will be informed by letter of the outcome of the investigation within 20 days of making the complaint.
- \* The letter noted above will also advise the complainant of action they can take in the event that they are not satisfied.
- \* Following the processing of all complainants a questionnaire will be sent to the complainant from the Quality and Governance Department to assess their level of satisfaction with the complaints process.

(d) All complaints and compliance with complaints policy will be monitored by the Head of Quality and Governance and discussed at the Beacon Quality and Governance Group. This team will identify any areas for improvement and share this information across the organisation where appropriate. This team will also take the lead in ensuring appropriate revision of policies or procedures where required.

(e) Service Users are made aware of independent advocacy services on presentation of their complaint. The complaint record will indicate that this has been done.

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The registered manager should ensure service user's care notes are completed in accordance with standard 7. Care notes should be:</p> <ul style="list-style-type: none"> <li>• objective, factual and where appropriate verbatim;</li> <li>• in chronological date order;</li> <li>• include changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• include unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• include contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• include contact or attempted contact made between the staff and primary health and social care services regarding the service user;</li> <li>• a record of any agreements made with the service user; where appropriate these should be signed by the service user;</li> <li>• include reasons for gaps in attendance;</li> <li>• if the service user raises any areas of dissatisfaction these must be recorded;</li> <li>• Where there are no changes in the service user's behaviour, health etc, care notes should be completed on at least every five attendances.</li> </ul>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The registered manager will ensure that service user notes commence on the first day of service delivery. Both staff and service users may enter notes with the service user encouraged to write their notes or dictate what they would like to be written. Notes may be handwritten to file or typed into the relevant section of the service user file maintained on the Niamh General Operating System (GOS). All entries will:-</p> <ul style="list-style-type: none"> <li>* be factual, legible and relate to the service generally and to the support plan in particular</li> <li>* be in chronological order (they cannot be otherwise on GOS)</li> <li>* be completed on at least every five attendances</li> <li>* note any changes in the requirements or attendance of the service user and/or any unusual or changing circumstances affecting the service user</li> <li>* note the requisite staff action in relation to the above and include contact with service user representatives in primary health and/or social care services where appropriate</li> <li>* note when a service user makes use of other processes for example Complaints Procedure</li> <li>* note any agreements made with the service user external to the support plan.</li> </ul>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 14</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>With regards to the matters discussed with the inspector by a service user and a carer regarding disabled access in Market Street Beacon Centre, the registered manager is advised to record these in the centre's complaints record and respond as appropriate.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>An entry has been placed in the complaint's record and the service user and carer will be responded to in line with policy requirements.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 18.5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 6 November 2015</p>	<p>The registered persons should ensure the service's Contenance policy and procedures dated April 2011 and the other identified policies and procedures are reviewed and should reflect best practice guidance.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Contenance Policy S.2.1. was revised on the 1<sup>st</sup> June 2015 and a copy is now available at the scheme.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 27.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>In the interests of infection prevention and control, the registered manager should ensure plastic bin liners are used in bins in toilets and bathrooms.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Immediate action was taken in relation to plastic bin liners and these will be maintained as required.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 August 2015</p>	<p>The registered manager should ensure the evaluation report completed as a result of annual service user's quality assurance surveys contains:</p> <ul style="list-style-type: none"> <li>(a) the actions taken and the outcomes from the previous service user's survey;</li> <li>(b) an action plan for any identified areas of improvement from the most recent survey.</li> </ul> <p>Records should be made of when the outcomes of the survey are shared with service users or where appropriate their representatives.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The registered manager will ensure that the objectives set in the Annual Service Improvement Plan are reported on directly in the following years Annual Report. Copies of annual reports will be circulated to all service users, statutory referral agents and discussed in service user meetings and practice liaison groups where these exist.</p>



<b>Registered Manager Completing QIP</b>	D Devlin	<b>Date Completed</b>	23/09/2015
<b>Registered Person Approving QIP</b>	Billy Murphy	<b>Date Approved</b>	23/09/2015
<b>RQIA Inspector Assessing Response</b>	Louise McCabe	<b>Date Approved</b>	24/09/15

*\*Please ensure the QIP is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**