



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Millbrook Resource Centre
Establishment ID No:	11293
Date of Inspection:	19 February 2015
Inspector's Name:	Louise McCabe
Inspection No:	20317

The Regulation And Quality Improvement Authority
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Name of centre:	Millbrook Resource Centre
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E mail address:	millbrook.cau@northerntrust.hscni.net
Registered organisation/ Registered provider:	Dr Anthony Baxter Stevens
Registered manager:	Ms Linda Dealey
Person in Charge of the centre at the time of inspection:	Ms Linda Dealey & Isabel Kidd for a period in afternoon.
Categories of care:	DCS-LD, DCS-LD(E)
Number of registered places:	90
Number of service users accommodated on day of inspection:	Millbrook Resource Centre = 58 New-Route Satellite Unit = 10
Date and type of previous inspection:	18 March 2014 Primary Announced Inspection
Date and time of inspection:	19 February 2015 9.45am–4.45pm
Name of inspector:	Louise McCabe

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

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

Consultation Process

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

Service users	21
Staff	07
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	3

Inspection Focus

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

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

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

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

- **Theme 2 - Management and control of operations:**

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

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

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

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

Profile of Service

Millbrook Resource Centre is owned and operated by the Northern Health and Social Care Trust. The centre opened in 1992 and is situated on the outskirts of Ballymoney. Provision is made for up to 90 service users per day. The centre is open Monday to Friday (except Bank Holidays) from 9.15am to 4.30pm.

Millbrook Resource Centre provides a varied and structured programme for adults who are assessed as having a learning disability. Service users may also have a range of needs including mental ill health, physical disability, dementia or sensory impairment. The ethos of Millbrook is to promote choice and opportunity for all service users, through high quality care provision.

The involvement of each service user in making decisions which affect their lives is continually promoted, especially when staff are assisting service users to design their programs of care and person centered plans in conjunction with their representatives and members of the multi-disciplinary team, when appropriate.

Staff at the centre work in partnership with other agencies, individuals and groups from both the private and voluntary sectors, to develop the activity programmes.

Meals are prepared on site either regenerated or steamed.

Millbrook Resource Centre has a satellite unit recently named New-Route. It is based in an allocated room in Armour Day Centre, Ballymoney. This commenced in May 2014. The satellite unit provides a day care service for a maximum of twelve service users per day who require a smaller, quieter setting and who have no personal care needs. There are two full time staff members in the Armour satellite unit. They are managed by Millbrook Resource Centre.

Summary of Inspection

09:45am–4:45pm=7 hours 30 minutes (this includes 30 minutes on 4 February 2015 when the inspector met with ten service users in New-Route satellite unit in Armour Day Centre).

A primary announced care inspection was undertaken in Millbrook Resource Centre on 19 February 2015.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007. Pre inspection the provider submitted a self-assessment of the one standard and two themes inspected, this report compares the providers' statements with the findings of the inspection. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the manager staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents recording; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

Millbrook Resource Centre ~ Primary Announced Care Inspection ~ 19 February 2015

An inspector spoke with seven staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding responding to behaviours which may challenge in the context of respecting service user's human rights. Staff seemed unsure of the Trust's process when a service user or their representative requests to see their care file. A recommendation is made in the quality improvement plan regarding this and for awareness raising/training to be provided on the Deprivation of Liberty Safeguards (DoLS).

Communication between management and staff is effective and no concerns were raised. Discussions with staff conclude there are aware of who is in charge/responsible for the centre in the absence of the manager. It was evident via discussions with staff of their dedication, commitment and enjoyment of their work in Millbrook Resource Centre and it's satellite unit.

Three questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to NISCC registration; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff praised the quality of care provided in Millbrook Resource Centre within the returned questionnaires and the following comments were made: *"very good"* and *"good."*

Review of three staff files showed evidence of formal supervision taking place in the centre in accordance with minimum standard 22.2. Staff are receiving an annual appraisal.

The inspector met with most of the service users attending the centre on the day of the inspection during her tour of the environment and spoke with a total of twenty one service users; ten in New-Route satellite unit and eleven in Millbrook Resource Centre regarding the standard inspected; two themes and their views on the quality of day service in Millbrook Resource Centre and it's satellite unit. The service users communicated positive feedback regarding attending the centre, the activities they participate in and the care provided by staff. The service users meeting with the inspector stated they are aware there are records kept in the day care setting about them and that they can access the information by asking staff. These service users confirmed they see their care plan on a regular basis and at their review. They said they are encouraged to be involved in all aspects of the care planning process.

The inspector met with ten service users in the New-Route satellite unit based in Armour Day Centre, Ballymoney. They stated they enjoy it a lot and the following comments were made:

- *"I love it here, I like the shopping and the staff."*
- *"I like it here, the staff are good to us."*
- *"I like to go out on the bus to go to the Fitness Centre for spinning and kettlebells."*
- *"The staff are all good, it's quieter here than in the big centre, I like it a lot. We go to different places lunch."*
- *"I love it and get to see all of my friends."*

The service users are aware of who the manager is and if they had a problem or wanted to discuss something about the day care setting they said they would approach staff or the manager in the centre. A sample of the comments made by eleven service users in Millbrook Resource Centre include:

- *“Millbrook is great, I like it a lot, there’s loads to do.”*
- *“The staff are kind, they help me when I need it.”*
- *“It’s a good place, I love coming here.”*
- *“I like to play the piano, its great here.”*
- *“I like the things I do here, it’s fun and I meet my friends.”*

One identified service met privately with the inspector and expressed his/her areas of dissatisfaction. With his/her consent these were discussed with the manager of the centre who agreed in conjunction with the service user to liaise with his/her named worker.

Another service user told the inspector about the centre’s advocacy group called ‘Listen, Hear.’ She explained in the interests of safety for service users, particularly wheelchair users, the group had recently approached the mayor and local council and campaigned for a footpath on the main road outside Millbrook Resource Centre. Their persistent campaign was successful and the footpath is now in place, a poster containing photographs of the progress of the work was shown to the inspector. The advocacy group is to be commended on this excellent initiative. Representatives from this group are in the Trust’s service user forum.

The previous announced inspection of Millbrook Resource Centre took place on 18 March 2014. This resulted in three requirements and two recommendations regarding notifying RQIA of accidents/incidents; environment, complaints, service user’s annual reviews and staff meetings. Review of the returned quality improvement plan for this inspection and discussions with management concluded compliance in three areas, substantially compliant in one and not compliant regarding replacing the flooring in the identified male toilets. This matter has been restated in the appended quality improvement plan.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user’s situation, actions taken by staff and reports made to others.

The six criterion criteria within this standard were reviewed during this inspection. Based on the evidence reviewed by the inspector, three criteria were assessed as compliant and three as substantially compliant by the inspector. As improvements are needed, one requirement and two recommendations were made, these regard the review and updating of an identified service user’s behavioural support plan and care plan so that they fully and accurately reflect his/her current needs. The recommendations concern the provision of awareness raising of the Trust’s process when a service user or their representative requests access to their care file. The other recommendation is to ensure service user’s care notes are objective.

Discussions with twenty one service users, seven staff and review of five service users' individual files provided evidence the centre is performing well regarding standard 7. The care files were comprehensive in content and person centred. Each contained a service user consent form to photographs, publicity etc. Clear examples were provided of how staff encourage and assist service users to get the most from their day care experience. It was also clear this service is improving outcomes for the service users and their carers. The inspector concluded the centre promotes service users' social needs, stimulates intellectual activity and promotes independence.

The centre was assessed overall as substantially compliant in this standard.

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

Two criterion from regulation 14 were inspected in relation to the use of restrictive practices within the context of human rights. Both criteria were assessed as substantially compliant improvements are needed regarding an identified service user's behaviour support plan and care plan. Recording systems need to be devised to ensure service user's behaviour support plans are formally reviewed on an annual basis or sooner if their needs or health change.

It can be concluded there has been one occasion in the previous year where a restrictive practice has been used with an identified service user in Millbrook Resource Centre. This was as a last resort and following clear documented guidance from his/her behaviour support plans. Behaviour support plans are devised by the Trust's Behaviour Support Team in conjunction with staff and relevant others. The inspector examined the identified service user's behaviour support plan in conjunction with his/her care file which resulted in asking the manager to liaise with the Behaviour Support team and relevant others to urgently review these. Consideration must be given to the Deprivation of Liberty Safeguards (DoLS), respect for his/her human rights and the recent deterioration of the service user's health. Assurances were given by the manager that these reviews would take place. The manager explained service user's behaviour support plans are formally reviewed on a yearly basis as part of the annual review process but accepts there was no documentation to support this. A requirement is made in the quality improvement plan about these areas.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. The Trust has in place a 'Restrictive Practices Registration' form which must be completed when a restrictive practice is used with service users.

Awareness raising training is needed for staff on the Deprivation of Liberty Safeguard (DoLS). Staff stated they know the service user's well and are familiar with their needs. Staff use effective communication, diversion and calming techniques when the need arises and respond appropriately to service user's needs. Staff believe this assists them in ensuring service users behaviour does not escalate and they meet individual and group needs.

Based on the evidence reviewed during this inspection, the inspector assessed the centre as substantially compliant in this theme. One requirements and one recommendation were made concerning this theme.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected in relation to this theme. All three criteria were assessed as compliant.

Review of selected management records, monthly monitoring reports and discussions with the manager and seven staff provided evidence that the centre has in place monitoring arrangements and effective communication systems. These enhance and promote the quality of day care experience for the service user, their relatives/representatives and the public. It is indicative of the care provision in this centre.

The centre was assessed overall as compliant with regards to this theme, one recommendation was made which regards to the registered person's designated monthly monitoring reports. These must include:

- (a) the time of the monthly monitoring visit;
- (b) based on the total number of service users attending Millbrook Resource Centre and it's satellite unit; increase the numbers of service users interviewed so it is more proportionate to the total numbers attending i.e. record the views and opinions of more than two service users';
- (c) as there are rarely carers/representatives in the centre during monthly monitoring visits; ensure systems are in place for the designated registered person to obtain and record the views and opinions of carers/representatives e.g. by telephone or email.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined five service users individual files and validated the manager's pre-inspection questionnaire.

The inspector was accompanied by the manager on a tour of the Millbrook Resource Centre environment, the areas used service users were found to be warm, well ventilated and with the exception of two identified male toilets, was in good decorative order. Service users presented as being at ease in the environment of the centre and could access facilities which they needed. Positive comments were shared by the inspector with regards to the extension and alteration work completed in Millbrook Resource Centre. The additional space and bathroom will be greatly beneficial for service users. It is noted the flooring has not yet been replaced in the identified male toilet despite this being stated in the previous quality improvement plan. Strong mal odours of urine were smelt in this toilet and another identified toilet. From an infection prevention and control matter this requirement will therefore be restated and must be met. The flooring must also be replaced in the other identified male toilet. The manager must also ensure systems are in place to eradicate and monitor mal odours in toilet and bathroom areas.

Staff in the satellite unit showed the inspector around. The flooring in the group room has been cleaned but remains badly stained. A soap dispenser and paper towel holder had been removed from a wall in the kitchen leaving these parts a different colour to the rest of the wall. A recommendation is made in the quality improvement plan for the Trust to replace the flooring in the group room used by service users and paint the identified wall in the kitchen area.

The inspector wishes to the work undertaken by the manager and staff in preparation for this inspection, their open and constructive approach throughout the inspection process and for the centre's hospitality. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre that presents as in tune with the needs of the service users for support, stimulation and which meets their rehabilitation, social and other needs.

As a result of the inspection three requirements and five recommendations have been made in the quality improvement plan. These concern:

- fire safety
- the urgent review of an identified service user's behaviour support plan and care plan
- environment and infection prevention and control
- provision of awareness raising training
- the records of monthly monitoring visits
- induction and orientation documentation.

Progress in these areas will be monitored via completion of the returned quality improvement plan.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 29(1)	A number of notifiable events had been reported to RQIA several weeks after they came to the manager's attention. It is a requirement that such notifications be made without delay, following the initial report to the manager.	The manager has subsequently notified RQIA's Incidents Team of incidents occurring with service users in Millbrook Resource Centre. A discussion took place with the manager about retrospectively forwarding RQIA identified accidents and incidents that occurred in the centre from December 2014.	Substantially compliant
2	Regulation 24(3)	A written complaint, made in August 2013, had been inadequately investigated by the Trust leaving the complainants dissatisfied with the outcome. The registered person must ensure that this complaint is dealt with fully in accordance with the Trust's Complaints Procedures, in particular, those under Section 26.6.	The manager informed the inspector that a meeting took place in June 2014 with the Trust's Governance Department, the complainants and other relevant individuals. Further correspondence was forwarded to the complainants and they are now satisfied with the outcome of their concerns/complaint.	Compliant
3	Regulation 26(2)(b)	One of the men's toilet rooms had vinyl type flooring that was heavily stained and the edge strips were separating, leaving gaps that will allow the development of unhygienic conditions. This flooring should be replaced with suitable waterproof surfacing.	A minor works request was submitted to the Trust's Estates Department by the manager, however the flooring has not yet been replaced. This requirement will therefore be restated.	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 23.8	Staff meetings should be held at least every three months, in accordance with the minimum standard.	The manager meets with day care workers on a monthly basis and care assistants are invited to this meeting. The minutes of these are circulated and all staff (whether they have attended or not) are asked to sign same. Staff meetings for all staff usually take place on centre closure dates.	Compliant
2	Standard 15.3	The Trust's procedures for arranging reviews of service users' care plans were not working effectively in all cases. It is recommended that the views of the manager and the day care workers in the centre be sought and taken into account in reviewing current operations in this aspect of the service.	With the exception of one identified service user, annual reviews are occurring. There is one service user's annual review which is currently outstanding by approximately one month due to difficulties in a named worker attending. A date has now been arranged for this.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
Provider's Self-Assessment:	
The Trust has policies and procedures in place in relation to confidentiality and any records held by the organisation. These include; Records Management Policy and Processing of Personal Information (POPI). The purpose of these policies are to support staff and enable them to work within the law and within good practice guidelines. The policy covers retaining personal information, Records and Record keeping, Safe Storage of personal information, Access and Sharing of information and Retention and Disposal of Confidential Information.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
A sample of the records in respect of each service user, as described in Schedule 4; and those detailed in Schedule 5 are in place in Millbrook Resource Centre and it's satellite unit. Discussions with staff conclude there are effective arrangements in place regarding confidentiality and all relevant policies and procedures pertaining to the access to records, storage of service user's information; communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are in place and readily available for example 'Accessing your personal information', 'Subject Access Request Form' etc. This information is reflective of current national, regional and locally agreed protocols concerning confidentiality and adheres to DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation. Review of the centre's staff training records showed staff received Information Governance training on 11 March 2014. The centre's current service user agreement is also compliant with this criterion. Discussions with staff also validate they are knowledgeable about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users personal information. This is commensurate with staff role and responsibilities.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
Provider's Self-Assessment:	
<p>Service users and their representatives are permitted to have access to their own personal records/case notes. Requests for information are processed in line with Trust Procedure/Policy and documents maintained where this takes place.</p> <p>Within the Adult Centre, service users are actively involved in their care planning/review process and, where appropriate/when possible, will also contribute to completing records for this process.</p>	Compliant
Inspection Findings:	
<p>Policies and procedures are in place and accessible in the centre pertaining to: the access to records; consent; management of records and service user's agreement.</p> <p>Discussions with conclude the policies and procedures are put into practice for example with reference to records being completed and maintained in the centre. The inspector examined five service user's care files during this inspection. Discussions with most of the service users in the satellite unit conclude they are aware they have a care file and have been informed about how they can access the records. With regards to service users based in Millbrook Resource Centre, due to varying levels of understanding with most of the service users the inspector spoke with, she was unable to ascertain if they were aware of the process of requesting to see their care file.</p> <p>There are adequate arrangements in place regarding who takes responsibility for issues and queries of freedom of information, confidentiality, consent and access to records and arrangements.</p> <p>The inspector's discussions with staff concluded several seemed unsure of the Trust's process if a service user or their representative would request access to their care file. A recommendation has been made in the quality improvement plan for staff to receive awareness raising of this process. The inspector's review of five service user's care files validated a person centred approach to their recording.</p>	Substantially compliant

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Each service user has an individual case record. These are completed and maintained in line with Trust/RQIA requirements.</p> <p>These records include; referral information, carer/multi-disciplinary contacts, assessments and reviews, care plans, contacts and details of activities.</p> <p>Any changes to circumstances, significant incidents/near misses are recorded along with details of actions taken/further work to be done.</p> <p>All records are stored securely in line with Information Governance requirements.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>With regards to the management of records, the examination of five service user individual records evidenced the above records and notes are available. Four of the five care files are maintained according to relevant policies and procedures. There was evidence of working practices being systematically audited in this regard. A requirement is made in the quality improvement plan concerning the urgent review of one identified service user’s behaviour support</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>

<p>plan and associated care plan. Details of this are specified in theme one.</p> <p>Files showed case records and notes were updated as required, they were current, person centred; incorporated service user views and recorded information that can be used to review individual service user’s outcomes. Care reviews were taking place as described in standard 15.</p>	
<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>Staff ensure that records are maintained/updated with an entry regarding service users, at least every five attendances. This is done in line with Trust and RQIA requirements. These records are signed and dated.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined five service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user. The quality of information recorded was viewed by the inspector as relevant to the plan and outcomes with individual service users.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	
Provider’s Self-Assessment:	
<p>The Northern Health and Social Care Trust has a comprehensive package of policies and procedures directing staff on matters pertaining to service user care and reporting procedures. Specific training is also provided on areas such as Safeguarding, Recording, Storage and Sharing of Records. A policy library is available to all staff, either via "hard copy", or via the Trust Intranet. Advice and direction is also available at all times from Line Managers and Multi Disciplinary Team.</p>	Compliant
Inspection Findings:	
<p>The service user’s files detail referrals made to other services and described their involvement in the decision if they want other professionals to be involved in their care plan.</p> <p>The inspector’s discussions with seven staff generated positive feedback regarding the management of records; reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding the referral process and responding to service user’s needs and behaviours. Staff felt communication between management and themselves is effective and no concerns were raised. When the manager is absent from the centre, day care workers take it in turns to be the responsible person in charge, however staff informed the inspector they very much work as a team. The manager’s line manager is contactable by mobile phone when she is absent from the centre.</p> <p>The inspector confirmed Trust policies and procedures are in place and available with regards to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.</p>	Compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: Records are maintained in line with Trust requirements. They should be legible. These are signed and dated by the person making the entry and periodically reviewed by management, within supervision and when monitoring review records/audits.</p>	Compliant
<p>Inspection Findings: The inspector examined a sample of five service user individual records regarding this criterion. The progress care notes in several service user’s care files used subjective language e.g. “in good form”, “in great form.” A discussion took place with the manager that care notes should always be objective and supported by staff observations of facial expression, body language, behaviour etc. A recommendation is made in the quality improvement plan about this. Consultation with seven staff working in the centre confirmed their understanding of this criterion and their role and responsibilities to address this fully when recording in individual files and additional records. RQIA received three completed staff questionnaires which confirmed policies and procedures are in place and available in the centre.</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>In line with Trust Policy, restraint is only used when no other option is available to ensure the safety of service users. This is a practice standard emphasised in RESPECT training. Staff endeavour to ensure that prevention and early intervention measures are employed before restraint is considered.</p> <p>If physical intervention measures are not part of a service users plan then the Positive Behaviour Support team/RQIA will be notified and the situation will be considered and assessed. It may be then appropriate to include additional measures in the persons care plan to help manage any future incidents.</p> <p>Incidents are recorded and reported in line with requirements of the Northern Trust and RQIA.</p>	Compliant
Inspection Findings:	
<p>The inspector examined a selection of records including a sample of five individual service user records which revealed staff have comprehensive plans in place that clearly describe the day care service user’s receive, their likes and dislikes.</p> <p>Care is focused on meeting individual need, clear communication strategies, diversion, distraction and calming techniques. Service user information is written in the context of staff being able to facilitate positive outcomes in day care and avoid any negative experiences. There is a clear focus on identifying and understanding if service users are not happy; how to manage this sensitively and proactively. Overall the approaches referred to present as sound plans to avoid escalation of behaviour or concerns whilst respecting each individual service user’s methods of communicating, their views, choices and needs.</p>	COMPLIANCE LEVEL Substantially compliant

It can be concluded there has been one occasion in the previous year where a restrictive practice has been used with an identified service user in Millbrook Resource Centre as a last resort and following clear documented guidance from his/her behaviour support plans. Behaviour support plans are devised by the Trust’s Behaviour Support Team in conjunction with staff and relevant others. The inspector examined the identified service user’s behaviour support plan in conjunction with his/her care file and asked the manager to liaise with the Behaviour Support team and relevant others to urgently review these. Consideration must be given to the Deprivation of Liberty Safeguards (DoLS), respect for his/her human rights and the recent deterioration of the service user’s health. Assurances were given by the manager that these reviews would take place. The manager explained service user’s behaviour support plans are formally reviewed on a yearly basis as part of the annual review process but accepts there was no documentation to support this. A requirement has been made in the quality improvement plan about these areas.

Staff attend Respect refresher training once a year as part of the mandatory training programme, this had taken place on 18 June 2014. Safeguarding Vulnerable Adult training occurred on 13 March 2014. Consultation with staff revealed their knowledge, skill and competence concerning this which is commensurate with their role and responsibilities.

Staff access policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which provide guidance for staff.

Discussions with staff validate management and staff member’s knowledge about when and why restraint is used including their understanding of exceptional circumstances. Staff working in the centre are aware of the exceptional circumstances when restraint or seclusion should be used, including how service users human rights are protected if restraint or seclusion is planned for or when it is used reactively. Staff seemed unsure of the Deprivation of Liberty Safeguards (DOLS) – Interim Guidance and how these are integrated into day and daily care practices. A recommendation is made in the quality improvement plan for staff to receive awareness raising information and training on this.

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Whatever the situation, all uses of restraint are recorded on the appropriate documentation and sent to the Positive Behaviour Support team/RQIA. Incidents, reports and records are also completed in line with requirements and recorded in the persons care notes and personal file.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Refer to the inspection findings above for information.</p> <p>The completed RQIA’s manager questionnaire stated there has been one occasion where restrictive practices had been used with a service user.</p> <p>Staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available.</p> <p>A selection of records in respect of each service user as described in schedule 4 and other records to be kept in a day care setting as per schedule 5 were reviewed by the inspector during this inspection. With the exception of an identified service user’s care information, these are being maintained in accordance with legislation and minimum standards. A requirement has been made in the quality improvement plan for the urgent review of one service user’s behaviour support plan and care plan.</p>	<p>Substantially compliant</p>

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

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>The Northern Trust have developed a dependency tool to assess client need and calculate the number of staff required to meet service user needs, and this tool has been endorsed by the Northern Board.</p> <p>Where vacancies arise, or cover is required eg. for maternity leave, requests to ensure that appropriate staffing needs are met are submitted promptly to minimise any potential shortfall in provision of care. Where needed, suitably experienced "as and when" or agency staff are utilised to uplift staffing levels. These are staff used on a consistent basis and are familiar with service users, their needs and programmes of care.</p> <p>A flow chart outlining staff roles and lines of accountability is available in the unit. All staff have clear job descriptions, outlining roles, responsibilities and areas of accountability.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>There is a full time qualified manager in Millbrook Resource Centre. She has worked in the centre for thirteen years. The manager is also responsible for managing the New-Route satellite unit based in Armour Day Centre, Ballymoney.</p> <p>The centre’s statement of purpose states there is a senior day care worker qualified with a QCF Diploma Level 3. There are nine day care workers (one is qualified as a nurse); seventeen care assistants (four of whom have driving duties); three domestic assistants; one pantry supervisor, two catering assistants and a part time clerical officer employed in the centre. One day care worker and a support worker are allocated to work in the satellite unit.</p> <p>The manager has provided evidence of her NISCC registration and provided evidence of how she ensures her team are kept informed regarding key issues for this service user group such as empowering service users, improving outcomes, person centred practice, understanding how to protect service user’s rights in the day care setting. One of the day care workers is registered with the NISCC.</p> <p>Band 6 and 7 meetings for all adult centre managers are held quarterly. There are weekly day care worker room meetings. Staff meetings are held approximately every three months. The inspector randomly reviewed the minutes of staff team meetings and day care worker meetings. These were informative regarding the information discussed and shared. The most recent team meeting occurred on 6 November 2014.</p> <p>Regulation 28/monthly monitoring reports of Millbrook Resource Centre evidence the staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards regarding same. Three monthly monitoring reports were reviewed as part of the inspection process, this showed a mix of announced and unannounced visits, however the times of the visits had not been recorded. The information in the reports was qualitative and informative. The designated registered person obtained the views of either two or three service users on each visit, there were no carers or relatives visiting the centre and they interviewed two staff on each visit. A recommendation is made in the quality improvement plan for the registered person’s designated monthly monitoring reports to include:</p> <ul style="list-style-type: none"> (a) the time of the monthly monitoring visit; (b) based on the total number of service users attending Millbrook Resource Centre and it’s satellite unit (approximately 100 service users); increase the numbers of service users interviewed so it is more proportionate to the total numbers attending; 	<p>Compliant</p>

(c) as there are rarely carers/representatives in the centre during monthly monitoring visits; ensure systems are in place for the designated registered person to obtain and record the views and opinions of carers/representatives e.g. by telephone or email.

Discussions with seven staff during this inspection validate their knowledge is commensurate with their roles and responsibilities regarding management arrangements of the day care setting. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of same. Staff are aware of their role and responsibilities to ensure management and control of operations tasks in the day care setting are competently completed, they also have contact mobile phone numbers of their manager and her line manager should the need arise.

The centre's Annual Quality Review report of 2014 had been completed recently and was made available during this inspection. The inspector concluded the content of the report reflects all of the matters to be monitored by the registered person and complies with Regulation 17(1), Schedule 3 (points 1-15).

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>Supervision is undertaken on a cascading framework through grades of staff. Day Care Locality Manager to Registered Manager to Senior Day Care Worker and Band 5 Day Care Workers, Senior day care worker who in turn supervises Support Workers (Band 3). Registered Manager supervises drivers band 3. Day care Locality Manager hold professional nursing qualification, Registered Manager holds QCF level 5 Diploma in Leadership in Health and Social Care Services. One Day Care Worker (Band 5) holds professional nursing all others hold level QCF 3 diploma in health and social care qualification and have many years experience in Day Care settings. All Band 5 staff are well experienced and provide support staff with daily direction and guidance to ensure service users receive an effective and quality service.</p> <p>Group team supervision is carried out on a weekly basis. These weekly meetings ensure that good communication is maintained and staff have a forum to voice feelings, ideas and concerns with managers and team. Occasionally these meetings will separate for Band 3 and Band 5 staff dependant on the need/agenda/discussion items.</p> <p>Staff also receive annual appraisals and complete personal development plans to enable them to further develop their skills and knowledge.</p> <p>Staff are aware that they have daily access to line managers for any concerns or advice. Millbrook Resource Centre operates an "Open Door Policy" whenever possible.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Staff receive formal supervision from either the manager or senior day care worker. The manager informed the inspector staff supervision is held every three months and is up to date. Annual appraisals have also been completed in the last year. The completed manager's RQIA questionnaire and three completed staff RQIA questionnaires also confirmed this. The manager has devised a qualification, supervision, training and appraisal matrix for staff. Positive comments were shared regarding this as it provides easy guidance and information for management to monitor these areas.</p> <p>A sample of four staff files were reviewed and confirmed staff have participated in the Trust's annual performance appraisal process (known as a Performance Development Plan). Discussions with care staff members concluded they receive regular informal and formal recorded supervision. This was validated during the inspection and is in</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>accordance with standard 22.2.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements. These are available for staff reference and reflect day to day practice.</p>	
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>Prior to appointment all staff must demonstrate via interview and evidence of qualification/experience, that they are suitable for the work that they will be asked to undertake.</p> <p>The Trust expects staff to be suitably qualified and to undertake training and qualifications appropriate to their grade. A regular programme of mandatory and vocational training is provided to enable staff to continually develop their skills and knowledge.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Since the centre’s previous inspection, two new staff have been employed in Millbrook Resource Centre in early and mid January 2015. The Trust’s Human Resources Department is responsible for ensuring all recruitment matters have been met. There are no concerns regarding compliance with recruitment.</p> <p>The inspector reviewed the staff files of these individuals to ascertain they received their induction and orientation to the centre. This documentation was partially completed as it contained information discussed on the staff member’s first day, however the section on policies and procedures to be covered in their first month and other general areas had not been completed. This was discussed with the manager and a recommendation is made in the quality improvement plan as the manager must ensure newly appointed staff member’s induction and orientation documentation is completed in a timely manner.</p>	Compliant

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

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

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection and did not reveal any concerns.

Compliments

Positive comments were shared with management regarding the many compliments recorded about the quality of care provision in Millbrook Resource Centre.

Incidents/Accidents

The inspector randomly sampled the centre's accident and incident records. These meet minimum standards. The manager has been completing and forwarding RQIA most accidents and incidents occurring in the centre. However RQIA had not been informed of several accidents. The inspector advised the manager of regulation 29 of the day care legislation and a requirement is made in the quality improvement plan for RQIA to retrospectively be notified of accidents and incidents which occurred from December 2014. Assurances were provided this would be done.

Fire Safety

Records showed the last fire drill of Millbrook Resource Centre occurred on 25 February 2014, the manager is aware fire drills are to take place on an annual basis and provided assurances to the inspector another drill would take place within the next week. Fire safety training was provided to staff on 8 May 2014.

During a tour of New-Route satellite unit, the inspector observed a fire door wedged open, this was discussed with staff. A requirement is made in the quality improvement plan regarding this as the registered person must ensure staff do not wedge open fire doors. If it is assessed the identified door in the New-Route satellite unit needs to be open then the Trust's Fire Safety Officer should assess this and install an appropriate magnetic device linked to the centre's fire alarm system.

Service User Care Files

The inspector reviewed five service user's care files during this inspection, three of service users' attending Millbrook Resource Centre and two from New-Route satellite unit. These were comprehensive and reflected person centred care plans completed in user friendly language.

A requirement and a recommendation are made in the quality improvement plan for an identified service user's behaviour support plan and associated care plan to be urgently reviewed and for service user's progress care notes to be objective.

Registered Manager Questionnaire

The manager submitted a questionnaire to RQIA prior to this inspection. The information provided confirmed that satisfactory arrangements are in place regarding governance and management, recruitment and induction of care staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was verified during the inspection visit via written records and from discussions with the manager and staff members.

Environment

On a tour of both Millbrook Resource Centre and the New-Route satellite unit based in Armour Day Centre, the areas used by service users were found to be warm, well ventilated and in mostly good decorative order. Service users presented as being at ease in the environment of the centre and could access facilities which they needed.

Positive comments were shared with the manager and staff regarding the colourful murals, artwork and many photographs of service users participating in activities, outings or events.

With regards to Millbrook Resource Centre, it is noted the flooring has not yet been replaced in the identified male toilet despite this being stated in the previous quality improvement plan. Strong mal odours of urine were smelt in this toilet and in another identified toilet. From an infection prevention and control matter this requirement will be restated. The flooring must also be replaced in the other identified male toilet. The manager must ensure systems are in place to eradicate and monitor mal odours in toilet and bathroom areas.

With regards to the New-Route satellite unit, the flooring in the group room was badly stained and worn, staff explained this had been professionally cleaned but it has not made much difference. An identified wall in the kitchen needs painted due to the soap dispenser and paper towel holder being removed. A recommendation has been made in the quality improvement plan about these two areas.

A recent Trust infection control audit was undertaken of the entire centre which highlighted there are exposed pipes in the new wheelchair accessible bathroom close to the intensive support room; plans are in place for the Trust's estates department to box these in. As part of this recent audit, the Trust should also consider covering the pipes in all of the other toilets and bathroom areas.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Linda Dealey, manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Millbrook Resource Centre

19 February 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Linda Dealey (manager/ person receiving feedback) either during or after the inspection visit.

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

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

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

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

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 (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	26(4)(b)	<p><u>Fire Safety</u></p> <p>The registered person must ensure staff do not wedge open fire doors. If it is assessed the identified door in the New-Route satellite unit needs to be open then the Trust's Fire Safety Officer should assess this and install an appropriate magnetic device linked to the centre's fire alarm system (additional information section refers).</p>	Once	A minor works request was raised on the 25.02.15 for a hold open device for New-Route and agreed on 10.03.15 by Estates.	Immediate and on-going
2	16(2)(b)	<p><u>Review of Service User's Care Information</u></p> <p>The manager must ensure:</p> <p>(a) the identified service user's behaviour support guidelines and care plan are reviewed as soon as possible and involve all relevant parties. The Deprivation of Liberty Safeguards and Human Rights information must be used to inform this review;</p> <p>(b) systems are in place to review service user's behaviour support guidelines on an annual basis or sooner if their needs change. Records must be made of these reviews and relevant signatures obtained (Theme one and standard 7 refer).</p>	Once	<p>A planned meeting with Positive Behaviour Support Services has been arranged for 13th April 2015 to review careplan with all relevant parties using Deprivation of Liberties to inform the review. The service users plan will be updated with the recommendations from the inspection.</p> <p>The care plan annual review meeting will be used to update the care plan in regards to behaviour or when necessary when the service users needs change.</p>	Immediate and on-going

3	26(2)(b) 18(2)(e)	<p><u>Environment and Infection Prevention and Control</u></p> <p>With regards to Millbrook Resource Centre the registered person must ensure:</p> <p>(a) The flooring is replaced in both identified male toilets;</p> <p>(b) Systems are in place to eradicate and monitor mal odours in these and other toilet/bathroom areas (additional information section refers).</p>	Twice (with regards one male toilet)	<p>A minor works order was raised on the 27th March 2014 and costing was agreed on the 11.02.15 to have it replaced.</p> <p>Domestic services will report such odours to the manager for action and subsequently will be reported to Estate services for action.</p>	By 20 May 2015
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Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	17.10	<p><u>Monthly Monitoring Visits & Reports</u></p> <p>The registered person's designated monthly monitoring reports must:</p> <ul style="list-style-type: none"> (a) include the time of the monthly monitoring visit; (b) based on the total number of service users attending Millbrook Resource Centre and it's satellite unit; increase the numbers of service users interviewed so it is more proportionate to the total numbers attending i.e. record the views and opinions of more than two service users;' (c) as there are rarely carers/ representatives in the centre during monthly monitoring visits; ensure systems are in place for the designated registered person to obtain and record the views and opinions of carers/representatives e.g. by telephone or email (Theme 2 refers). 	Once	<p>The Registered Manager has shared this information with the monitoring managers and they are going to put in the times and have done so on my last monthly inspection 18.03.15.</p> <p>The monthly managers spoke to a proportionate number of service users on the last inspection in regards to the numbers attending.</p> <p>The Trusts- "Your views matter" has been sent out for the monthly monitoring visits to engage the views and opinions of carers/ representatives.</p>	Immediate and on-going

2	25.1	<p><u>Satellite Unit Environment</u></p> <p>With regards to the satellite unit, it is recommended the registered person:</p> <ul style="list-style-type: none"> (a) replace the flooring in the group room used by service users; (b) paint the identified wall in the kitchen area (additional information section refers). 	Once	<p>A minor works request has been raised to have this floor replaced on the 25.02.15 and it was agreed by Estate services on 10.03.15.</p> <p>The wall has been painted.</p>	By 31 May 2015
3	21	<p><u>Training/Awareness Sessions</u></p> <p>It is recommended management arrange for staff to receive awareness raising/training in:</p> <ul style="list-style-type: none"> (a) Deprivation of Liberty Safeguards (DoLS); (b) Process of service user's or their representatives requesting access to their care information (Theme 2 and standard 7 refer). 	Once	<p>The Registered Manager delivered Deprivation of Liberty and Human Rights awareness, using guidelines from the First and Deputy First Minister Office "Get in the Act" with the staff at a full staff meeting on 02.04.15. DoLS training will also be organised through the Trust's social services training department.</p> <p>The Trust policy has been reinforced with staff regarding information sharing, the time scales and process. Staff received training on Governance information in 2014.</p>	By 20 May 2015

4	7.7	<p><u>Service User's Care notes</u></p> <p>The manager must ensure service user's care notes are objective. Staff should not use subjective terminology (standard 7.7 refers).</p>	Once	<p>The use of subjective language in service users files has been addressed with staff at a meeting on 10.03.15. and examples shared of what not to say.</p>	Immediate and on-going
5	21.1	<p><u>Induction and Orientation Documentation</u></p> <p>The manager must ensure newly appointed staff member's induction and orientation documentation is completed in a timely manner (Theme 2 refers).</p>	Once	<p>Induction of new staff members have been completed at the relevant areas and signed off. The rest of the six months induction will be signed off in a timely manner when all parts are fulfilled.</p>	Immediate and on-going

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

Name of Registered Manager Completing Qip	Linda Dealey
Name of Responsible Person / Identified Responsible Person Approving Qip	Dr Tony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Regarding requirements 2 and 3(b) and recommendations 1, 3, 4 and 5	Louise McCabe	22 April 2015
Further information requested from provider	<p>The registered person/s are asked to confirm the following:</p> <ol style="list-style-type: none"> 1. Re. requirement 1, fire doors will not be wedged open. 2. Re. requirement 3(a), the flooring in the identified two male toilets will be replaced by 20 May 2015. 3. Re. recommendation 2(a), the flooring in New-Route satellite unit will be replaced by 31 May 2015. 	Louise McCabe	Respond to RQIA on all three stated matters by 6 May 2015

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Louise McCabe	06 May 2015

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

Name of Registered Manager Completing Qip	Linda Dealey
Name of Responsible Person / Identified Responsible Person Approving Qip	Dr Tony Stevens