



The Regulation and
Quality Improvement
Authority

Larne Adult Centre
RQIA ID: 11300
72 Ballymena Road
Larne
BT40 2SG

Inspector: Louise McCabe
Inspection ID: IN23329

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**Unannounced Care Inspection
of
Larne Adult Centre

29 September 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 29 September 2015 from 10.00 to 16.45. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

The details of the QIP within this report were discussed with Mrs Linda Montgomery, acting manager and Mrs Natalie Jackson, Locality Day Care Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered Manager: Mrs Linda Montgomery
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Linda Montgomery	Date Manager Registered: Acting Manager
Number of Service Users Accommodated on Day of Inspection: 68	Number of Registered Places: 84

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 - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

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.

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 19 service users and had discussions with three staff.

The following records were examined during the inspection:

- Two complaints and one compliment
- Five accidents/untoward incidents
- 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
- Three monthly monitoring reports
- Annual quality review report.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an unannounced care inspection dated 6 January 2015. 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 Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(4)(b)	<u>Fire Safety</u> Fire doors must never be wedged open. The Trust should consider the use of magnetic devices where it is assessed doors can safely stay open.	Met
	Action taken as confirmed during the inspection: There were no fire doors wedged open on the day of the inspection.	
Requirement 2 Ref: Regulation 13(7)	<u>Infection Control</u> All identified chairs and tables must be replaced with appropriate furniture that can be effectively cleaned .	Met
	Action taken as confirmed during the inspection: Appropriate new tables and chairs have been purchased and are in place in Larne Adult Centre.	
Requirement 3 Ref: Regulation 17 (1) Schedule 3	<u>Annual Quality Review Report</u> The registered person must ensure Larne Adult Centre's Annual Quality Review report contains all of the qualitative information as specified in Schedule 3.	Met
	Action taken as confirmed during the inspection: The day service's annual quality review report was reviewed during this inspection. It contained information as specified in Schedule 3.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.1	<u>Environment</u> It is recommended the Trust: <ul style="list-style-type: none"> (a) redecorate the identified areas in Larne Adult Centre; (b) replace the vertical blinds on the windows in the two rooms used by one group of service users on the lower ground floor; (c) make good the identified areas of paintwork around the door frame of the training kitchen door and fill the small holes in the walls in the relaxation/snoozeleen room. 	Met
	Action taken as confirmed during the inspection: All of the above matters were completed.	
Recommendation 2 Ref: Standard 25	<u>Windows</u> It is recommended the Trust replace the seals of the two identified round windows; French doors and window on the lower ground floor.	Partially Met
	Action taken as confirmed during the inspection: The seals were replaced on the French doors and window on the lower ground floor. The seals on the two identified round windows (in the training flat and corridor) have not been replaced and it is difficult to see out of these windows. This part of the recommendation will be restated in this QIP.	
Recommendation 3 Ref: Standard 25	<u>Appropriate Storage</u> It is recommended staff: <ul style="list-style-type: none"> (a) remove all items stored on top of storage cupboards; (b) undertake a tidy up and clear out of all unwanted items and materials; (c) ensure there is sufficient storage throughout the centre. 	Met
	Action taken as confirmed during the inspection: Action has been taken regarding (a) and (b). Additional storage was purchased and fitted. The manager said additional shelving is still required and at the time of the inspection was being costed.	

<p>Recommendation 4</p> <p>Ref: Standard 17.10</p>	<p><u>Monthly Monitoring Reports</u></p> <p>The registered person must ensure monthly monitoring visits take place of Larne Adult Centre and records of same retained for inspection purposes.</p> <p>Action taken as confirmed during the inspection: Three monthly monitoring reports were reviewed during this inspection. These met standard 17.10.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 5.6</p>	<p><u>Care Plan</u></p> <p>The identified service user's care plan must be updated to fully and accurately reflect his/her current situation and needs. Abbreviations must not be used in care plans.</p> <p>Action taken as confirmed during the inspection: The identified service user's care plan was immediately updated. Unexplained abbreviations were clarified with the relevant professionals and documented in the care plan.</p>	<p>Met</p>

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

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

The policies and procedures regarding standard 5 were:

- Continence Management
- Care Management Guidelines.

Service users attending Larne Adult Centre have a cognitive impairment and some have additional disabilities or complex healthcare needs resulting in limited or no verbal speech. Staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users able to verbally articulate their views and opinions concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserved their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Service users stated care staff know them very well. No issues were raised.

A tour of the bathrooms and toilets showed identified service user's have personal boxes containing toiletries; continence products and/or a change of clothes. The boxes are coded using the service user's preferred colour, animal, favourite picture so that they are unidentifiable to other service users. Details of each individual service user's code is specified in their care plan. Discussions with three care staff concluded they are aware of the coding of specific service user's boxes. Positive comments were shared with staff regarding the involvement of the service user in personalising their box and for the discreet manner in how this is presented.

It can be concluded care was safe in Larne Adult Centre.

Is Care Effective?

The statement of purpose detailed an overview of the information that should be included in a service user's care plan. Five service user's care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. Care plans were reviewed by staff with service users on a systematic basis or when changes occur. Three of the five care plans had not been signed by the manager and two care plans were not specifically dated (the month and year were recorded). These were identified areas for improvement.

Discussions with three care staff concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users who have a cognitive impairment and/or complex healthcare needs and physical disabilities. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products were stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require aids (standing frame, hoist, shower trolley or changing bench) and the help of two staff. Several service users have a preference regarding the bathroom they use. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Review of five service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. Care plans reflected:

- How the service user is approached
- The language used by staff
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance

- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

Improvements are needed regarding the signing and dating of care plans, however, it can be concluded care was effective in Larne Adult Centre.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, kindness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

Discussions took place with a total of 19 service users, mostly in small groups in their specific group room or in an identified room in the centre. Individual discussions occurred with six service users. A number of service users in the special needs room were unable to verbally communicate with the care inspector but observations of their facial expressions; body language and behaviour indicated they were comfortable and at ease in the centre.

During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

It can be concluded care was compassionate in Larne Adult Centre.

RQIA Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	5	2
Service Users	5	4

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. The following qualitative comment was recorded by an identified service user:

- *"I don't like members' with behaviour issues pulling me or my wheelchair."*

The manager was asked to respond to this on 16 October 2015.

Completed staff RQIA questionnaires stated they were either very satisfied or satisfied with:

- the training received by the Trust in core values;
- communication methods;
- mental health including dementia;
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

One staff member stated:

- *“With new service users transitioning from school with more intense challenging behaviours, much needed rooms/space is needed.”*

This was shared with the manager on 16 October 2015. The overall assessment of this standard showed 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 concerned the specific dating and signing of service user’s care plans.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Standard 8: Service Users’ Involvement - Service users’ views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff. The following procedures were in place:

- Complaints and Service User Feedback Policy
- Personal and Public Involvement Strategy
- Good Relations Strategy.

Discussions with 19 service users; three 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. Review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in Larne Adult Centre.

Is Care Effective?

Discussions with the manager, 19 service users and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work. It was acknowledged by the inspector this can be challenging for management and staff as some of the service users attending the centre were unable to verbally express their views and opinions due to the nature of their cognitive impairment, disability or complex healthcare needs.

Examples were given by service users of how staff obtained their views and opinions: there is a suggestion box in the reception area; informal discussions with staff, service user meetings; annual quality assurance surveys and their annual review of their day care placement.

Service users meetings were held on a weekly basis in each of the groups in the centre. Representatives from each group room attend monthly service user group meetings. Records showed there were no meetings held in July and August 2015 at the service users' request due to the summer. The minutes of three service users meetings which had taken place on 7 May; 4 June and 17 September 2015 were reviewed. These were qualitative and informative, the minutes contained an agenda, the names of the service users who attended, a summary of discussions and details of who would be taking action. There was evidence that service users views and opinions were sought and form the basis of all discussions.

In accordance with day care regulations, day services are involved in the initial and annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. All five annual review reports contained either the service user's or their representative's views and opinions of the day service.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to 85 service users and their representatives in March and April 2015. The surveys encompassed the following areas:

- How does coming to Larne Adult Centre make you feel?
- What makes you happy about Larne Adult Centre?
- What makes you sad about Larne Adult Centre?
- Do you like the lunches?
- Do you choose your own dinners?
- Is there anything else you would like for lunch?
- What activities do you do?
- Are you happy with the activities?
- Do you have any ideas that might make Larne Adult Centre better?
- Are staff kind and caring towards you?
- Are staff helpful to you?
- Do staff help you to plan your day?

Copies of service user's completed quality assurance surveys were retained in the respective individual's care file. The completed survey forms part of the annual review process.

The service's completed evaluation report reflected 55 completed questionnaires were received. The report was informative, qualitative and very positive about the quality of care provision. A summary of the qualitative comments were included. An action plan was in place as a result of comments made by service users and the minutes of a service user's meeting stated the evaluation report was shared with service users.

Complaints

Since the previous care inspection, two complaints had been recorded in Larne Adult Centre's complaints record. Documentation evidenced the two complainants were partially satisfied regarding the outcomes of their concerns. The records did not reflect if the complainant was advised of the next step in the Trust's complaints process. This was discussed with the manager who agreed to record this information if future complainants were partially satisfied or dissatisfied with the outcome/s. The two complaints had been investigated in accordance with minimum standard 14.9.

Discussions with service users who were able to articulate their views and opinions concluded they are aware of the centre's complaints process. Service users said they would approach staff or the manager if they had any areas of dissatisfaction.

Compliments

One compliment had been recorded in the centre since previous inspection. This was positive about the quality of care provision in Larne Adult Centre.

Monthly Monitoring Reports

Three monthly monitoring reports were reviewed during this inspection. The monthly monitoring reports were qualitative, informative and reflected the views and opinions of service users and their carers/representatives.

It can be concluded the quality of care provision in Larne Adult Centre was effective.

Is Care Compassionate?

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

Discussions with a total of 19 service users, individually or in groups of two to four took place during this inspection. A number of service users were unable to verbally communicate with the care inspector but observations of their facial expressions; body language and behaviour indicated they were comfortable and at ease in the centre

Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

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

- *"I like it here, it keeps me busy and it's good to meet my friends."*
- *"I love it here, I like the things that I do and the staff are good."*
- *"I like Larne Adult Centre, but I don't like it when other members tell me what to do."*
- *"I really like it, I'm happy here. I'd like to use the lift independently without staff."*
- *"I'm not happy that the centre closes early on a Friday and I've to go home early on the bus two days every week. I don't want that, I want to stay here longer."*
- *"The staff are kind and they listen. They are good to me."*
- *"I have choices here and the staff help me."*

Two service users raised two areas of dissatisfaction during the inspection. These matters were shared with the service user's respective day care workers and the manager.

Assurances were given by staff they would be followed up on and one of the identified service user's named worker would be contacted concerning advocacy.

It can be concluded the quality of care provision in Larne Adult Centre was safe, effective and compassionate.

Areas for Improvement

One area for improvement was identified as a result of examination of this standard. This regarded the complaint's record.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Five accident and untoward incident forms were randomly sampled during this inspection. The service's accident and untoward incident records were not being maintained in accordance with regulation 29 as an identified incident had not been reported to RQIA's incidents team. This is an area for improvement.

5.5.2. Environment

The general décor and furnishings were fit for purpose. There were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained. An identified shrub and weed area on the approach to the steps at the front of the centre was overgrown and needs to be cut back. This was discussed with the manager and assurances were given this would be addressed within the week.

There is a fire door leading from one of the special needs room on the lower ground floor room into an area where there is a toilet and another small room. These areas are used by service users, some of whom have mobility needs. Service users could independently move from the main room to the smaller room if an appropriate magnetic hold open device linked to the centre's fire alarm system is fitted and this would also enable care staff to observe service users in this area. This area was identified in Larne Adult Centre's previous inspection report and QIP. It will be restated in this QIP.

There are two adjoining rooms in the special needs area separated by a heavy fire door which staff have to open as service users in these rooms are physically unable to do this. In the interests of fire safety and to encourage independence for service users wishing to independently move from one room to another; the Trust is asked to risk assess if the identified fire door could be held open using a magnetic device which is fitted to the centre's fire alarm system.

There are a large number of service users attending Larne Adult Centre who have mobility needs and are either wheelchair users or use walking aids. At present service users have to wait for staff to open the rear entrance doors to the centre; the doors to the dining room and group rooms as they are unable to. There would also be a significant safety risk if individual's with mobility aids tried to open a door and hold onto their walking aid. With regards to disabled access and in order to increase service user's independence in the centre so they could freely enter the dining room and group rooms, RQIA would recommend automatic openings are fitted to doors. These are identified areas for improvement.

Positive comments were shared with the manager regarding Larne Adult Centre receiving a 'Highly Commended' award for the 'Best Kept Day Centre'. There was an enclosed rear sensory garden which is wheelchair friendly. It had raised flower, herb and vegetable beds; colourful hanging baskets, shrubs, plants and flowers and strategically placed mosaic pictures; and large pencils placed around the garden. Tomatoes, cucumbers, courgettes, strawberries and spring onions were growing in the green house. A staff member is responsible for maintaining the garden along with his/her other duties, and is assisted by service users who are interested in horticulture.

Stained and marked privacy screens were observed in the portacabin situated at the rear of the centre which is used by a service user. The identified screens need to be replaced or recovered in a suitable material that can be easily cleaned. The manager informed the inspector privacy screens had been ordered and are awaiting collection.

Areas for Improvement

Three identified areas for improvement were identified as a result of the examination of additional areas. These matters concerned:

1. Notification of accidents and incidents to RQIA.
2. The environment.
3. Privacy screens in the portacabin.

Number of Requirements	2	Number Recommendations:	1
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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 Mrs Linda Montgomery, acting manager and Mrs Natalie Jackson, Locality Day Care Manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. 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	
<p>Requirement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered persons shall give notice to RQIA of accidents and untoward incidents as specified in regulation 29.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This will be actioned immediately and is ongoing. All accidents/incidents, where appropriate will be notified to RQIA.</p>
<p>Requirement 2</p> <p>Ref: Regulation 26(2)(j)</p> <p>Stated: Second time for (a) and first time for (b) and (c)</p> <p>To be Completed by: 31 December 2015</p>	<p>The registered persons are required to review and risk assess the management and operation of doors which are restricting the independence of service users and increasing the risk of falls.</p> <p>Consideration should be given to the installation of automatic opening doors and hold open devices linked to the fire detection and alarm system etc. which meet the needs of the service users. The advice of the fire risk assessor should be sought and followed regarding:</p> <p>(a) The identified fire door leading to a small room and toilet off the special needs room on the lower ground floor. This would result in identified service users being able to independently use the room and toilet in this area and make it easier for staff to supervise them.</p> <p>(b) The identified fire door between the two large adjoining rooms on the lower ground floor. This would result in identified service users being able to independently move between the two rooms without having to wait for staff to open the door for them.</p> <p>(c) The fitting of automatic opening doors in the following areas in Larne Adult Centre :</p> <ul style="list-style-type: none"> • rear entrance doors; • dining room doors • all group rooms • training flat • disabled bathrooms and toilets. <p>The completed QIP must detail the outcomes of the review and risk assessment and provide an action plan with timescales for (a) – (c).</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Minor works has been resubmitted for costing. The Fire Risk Assessor visited on 11/11/15 to advise regarding (a), (b) and (c) with no issues raised. Currently with Estates Department to cost who have passed to Engineering, waiting for action plan and timescale from Estates Department.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015</p>	<p>The manager should ensure service user's care plans are:</p> <p>(a) Specifically dated. (b) Signed by the manager.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All Day Care Workers have been advised to ensure that all care plans are dated appropriately and signed by either the Acting Registered Manager or the Senior Day Care Worker. This is now ongoing.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>With regards to an unresolved area of dissatisfaction raised by an identified service user; the manager is advised to liaise with the individual's named worker concerning this and to request advocacy for him/her.</p> <p>In relation to the centre's complaints record; the manager should ensure that when a complainant is dissatisfied or partially dissatisfied with the outcome/s of the investigation into their area/s of concern, the complaints record states they are advised of:</p> <ul style="list-style-type: none"> • The next step in the Trust's complaints process • Where appropriate, support and independent advocacy services. <p>Response by Registered Person(s) Detailing the Actions Taken: Service User in question is now aware of the next step in the complaints procedure. This complaint has now been passed to the named worker to further advocate for the service user, options were also discussed at the service user's recent annual review along with carer.</p>
<p>Recommendation 3</p> <p>Ref: Standard 25</p> <p>Stated: Second time</p> <p>To be Completed by: 31 December 2015</p>	<p>The manager should ensure the Trust replaces the seals or the two identified round windows in the training flat and corridor near the passenger lift so that service users can clearly see through the windows. This is restated from the previous inspection.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: These have been approved and order placed by Martin Hamilton with FireGlassDirect. Our Estates Job No: 443868.</p>
<p>Recommendation 4</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The manager should ensure the identified screens in the portacabin are replaced or recovered in a suitable material that can be easily cleaned.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Screens sourced were unsuitable, and so we have sourced material to recover existing screens, which meet infection control standards and have also placed an order for additional portable screens.</p>

Registered Manager Completing QIP	MRS L MONTGOMERY	Date Completed	20/11/15
Registered Person Approving QIP	DR T STEVENS	Date Approved	25/11/15
RQIA Inspector Assessing Response	Maire Marley	Date Approved	01/12/2015

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