

Unannounced Care Inspection Report 10 January 2017



Mindwise, Ballyclare

Type of Service: Day Care Setting
Address: 15 - 17 Rashee Road, Ballyclare, BT39 9HJ
Tel No: 02893341714
Inspector: Louise McCabe

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mindwise, Ballyclare took place on 10 January 2017 from 09.45 to 17.30 hours.

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

Is care safe?

On the day of the inspection the day care setting was found to be delivering safe care though improvements were needed in five identified areas. Observations of care practices provided evidence there was a culture of ensuring service users were safe and protected from harm. The staff member responsible for the MindWise service in the absence of the registered manager provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were being maintained. There were five areas for quality improvement relating to safe care identified during this inspection. These were regarding fire safety (two matters); notification of incidents to RQIA; formal supervision of care staff and infection, prevention and control concerning mops.

Is care effective?

On the day of the inspection it was assessed that the care in MindWise, Ballyclare day service was effective, however four areas for quality improvement were identified. Observations of staff interactions with service users; and discussions with a total of eight service users provided evidence the care was effective. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users, there was evidence of improvements in these areas since the day care setting's previous care inspection. Four areas for quality improvement relating to effective care were made as a result of this care inspection. These areas concern service user's care files (two matters); complaints record and the environment.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with eight service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There were no areas identified for improvement in this domain as the result of this inspection.

Is the service well led?

On the day of this inspection the review of a random sample of documentation provided evidence that improvements had been made in the previous year. The areas of improvements regarded effective leadership, management and governance arrangements and audits of care information in service user's care files. The culture in the MindWise Ballyclare day service was

focused on the needs of service users. There were no areas identified for quality improvement identified in this domain during this inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jim Darragh, acting area manager in the absence of the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

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

2.0 Service details

Registered organisation / registered provider: MindWise	Registered manager: Mr Edward George Alexander Gorringe
Person in charge of the day care setting at the time of inspection: Mr Peter Girvan, community mental health worker in charge of the centre in the absence of the manager at the beginning of the inspection until 12.00 hours Mr Jim Darragh, acting area manager from 12.00 hours to the end of the inspection	Date manager registered: 27 February 2015

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- Previous care inspection report

- Records of notifiable events received by RQIA from 07 May 2015 to 10 January 2017 (none were received).

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

- Discussion with the registered manager
- Discussion with eight service users
- Discussion with one care staff
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with twelve questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; two staff members and five representatives for their completion.

The questionnaires asked for service user, staff and representative's views regarding the service, and requested their return to RQIA. Seven questionnaires were returned (five from service users; one from staff and one from a relative) were completed. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (none recorded since 07 May 2015) to 10 January 2017
- Compliments record (three were randomly sampled)
- Accident/untoward incident record (four were randomly sampled from the previous year)
- Elements of three service users care files
- Review of four identified policies and procedures (stated in main body of report)
- Minutes of three staff meetings
- Minutes of three service users' meetings
- Staff training information
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent estates inspection dated 16 February 2016

The most recent inspection of the day care setting was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 07 May 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulations 26(4)(a) 26(4)(c) 26(4)(d)(iii)</p> <p>Stated: First time</p>	<p>The registered persons must ensure the Mindwise Ballyclare fire risk assessment is reviewed by a competent person. In particular, the adequacy, suitability and effectiveness of the final exits and routes to a place of safety should be reviewed. The completed returned QIP must state the outcome of the review and the measures taken to ensure that safe and effective means of escape are provided at all times.</p> <p>Action taken as confirmed during the inspection: The provider's initial returned QIP was not approved by RQIA and additional information was requested.</p> <p>The additional information provided evidence that the service's Fire Risk assessment was reviewed on 17 September 2015 and a robust agreement was put in place regarding the rear fire exit. The staff responsible for the day care setting in the absence of the registered manager confirmed daily checks are made of the rear fire exit, however these checks are not recorded. A recommendation has been made in the QIP of this care inspection regarding the need for written checks to be completed and retained.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 7.7</p> <p>Stated: First time</p>	<p>The registered manager should ensure service user's progress care notes do not contain subjective information for example: <i>'in good form'</i> or <i>'in great form'</i>. Care notes should be objective.</p> <p>Action taken as confirmed during the inspection: The progress care notes of three identified service users were randomly sampled during this inspection, these records verified compliance with Minimum Standard 7.7.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 18.5</p>	<p>The registered persons must ensure policies and procedures are reviewed systematically on at least a three yearly basis. The identified policies and procedures must be reviewed.</p>	Met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Confirmation was obtained during this inspection that the: Involving People, Consultation and Information Sharing; and the Communication with Families policies and procedures had both been reviewed.</p>	
<p>Recommendation 3 Ref: Standard 8.5 Stated: First time</p>	<p>The registered persons must ensure the Mindwise Ballyclare service users' annual quality assurance evaluation report:</p> <ul style="list-style-type: none"> (a) is dated (b) includes the outcomes of the actions taken as a result of the service's previous collated quality assurance questionnaires (c) includes the action to be taken (with timescales) from the current collated quality assurance questionnaires. If no actions are needed the report should state this. <p>Action taken as confirmed during the inspection: The evaluation report of the service users' annual quality assurance survey was reviewed during this care inspection. This provided evidence of compliance with the above.</p>	<p>Met</p>
<p>Recommendation 4 Ref: Standard 15 Stated: First time</p>	<p>The registered persons must ensure:</p> <ul style="list-style-type: none"> (a) all service users have an annual review of their day care placement with where possible their referral agent (standard 15.3). (b) The identified service user's annual review is held as soon as possible. (c) The service user's annual review report contains all of the information stated in standard 15.5. <p>The completed returned QIP must state the date the annual review for (b) occurred and the internal monitoring processes and systems in place to ensure service users have an annual review of their day care placement.</p> <p>Action taken as confirmed during the inspection: The identified service user's annual review of their</p>	<p>Met</p>

	<p>day care placement occurred in June 2015. Confirmation was obtained from the staff responsible for the day care setting in the absence of the registered manager that all service users have had an annual review of their day care placement in the previous year. A random sample of three service user's care files verified this. These annual review reports contained all of the relevant information in Minimum Standard 15.5.</p>	
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4.3 Is care safe?

Policies and procedures were in place in the MindWise Ballyclare day service which promoted the safety of service users. They were indexed, dated and ratified by the registered person. One care staff confirmed that these were accessible in the day care setting. The following four policies and procedures were randomly reviewed during this inspection:

- Whistleblowing policy and procedure
- Safeguarding Vulnerable Adults policy and procedure
- Client Pathway policy and procedure
- Managing People Better (Supervision policy and procedure).

The above policies and procedures had been reviewed within the last three years and were compliant with identified regulations and minimum standards.

On the day of the inspection no restrictive care practices were observed.

The staff responsible for the day care setting in the absence of the registered manager confirmed what the planned daily staffing levels were for the centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. There is a registered manager and a community mental health worker employed in MindWise, Ballyclare day service. If the manager is absent from the day service, the community mental health worker is responsible for the day service with support from bank care staff. MindWise has notified RQIA of the temporary absence of the current registered manager and explained the acting area manager was responsible for managing the day service at the time of inspection.

Competency and capability assessments were completed for staff who have responsibility of the centre in the absence of the registered manager. These had been reviewed during a previous care inspection of the day care setting.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities.

A review of four accidents and untoward incident records which had occurred since the centre's previous care inspection showed these had been responded to and managed appropriately. The staff member responsible for the day care setting in the absence of the registered manager had stated at the beginning of the inspection that there were no current or ongoing safeguarding concerns. However review of the incident records revealed an incident which had taken place in March 2016 that had not been reported to RQIA. This incident concerned the safeguarding of

a vulnerable adult. Appropriate action had been taken by the day care setting in accordance with their Safeguarding of Vulnerable Adults policy and procedures; and a referral had been made to the service user's named worker. The acting area manager was advised to retrospectively complete and forward this to RQIA's Incidents team. The registered provider should review with staff their responsibility to notify RQIA of reportable incidents regarding Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 17.14 of the Day Care Settings Minimum Standards (January 2012). This is an identified area for improvement.

The staff member spoken with clearly described knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with staff confirmed that they had attended safeguarding vulnerable adults training in the previous two years.

The walk around the setting revealed the fire exit in the office at the rear of the property would only partially open because it was blocked by a car that was parked in the yard. This was discussed with the staff member responsible for the service in the absence of the registered manager. The car was quickly moved to an acceptable distance to enable the rear fire exit door to be opened fully. The staff member informed RQIA daily checks are made of this fire exit; however there were no written records to verify this. This is identified area for improvement. The day care setting's current fire risk assessment was requested and was dated 17 September 2015. A discussion took place with the acting area manager that the fire risk assessment must be systematically reviewed by a competent person. This is an identified area for quality improvement.

Inspection of the internal and external environment identified that the day care setting was appropriately heated, tidy, clean, suitable for and accessible to service users, staff and visitors. A mop and bucket was observed in the enclosed outside yard area. The need for the appropriate storage of cleaning equipment was discussed with a member of care staff who explained this mop was used to clean the floors in both the kitchen and toilet areas. With regards to infection, prevention and control, the staff member was advised that current best guidance documents conclude the need for different mops to be used in designated areas (a separate mop to clean bathroom and kitchen floors). This is an identified area for improvement. There were no other obvious hazards to the health and safety of service users, visitors or staff.

With regards to the recruitment of staff in MindWise, one new staff member had been recently employed by MindWise in early November 2016 and is based in the Ballyclare day care setting, however they do not work directly with service users in the service. Confirmation was obtained from MindWise's Human Resources department that their recruitment complied with current legislation and Minimum Standards. Discussions with this staff member concluded they had not received formal supervision since they commenced employment. Discussion with another staff member employed to work with service users in the day care setting concluded they participated in formal supervision on 28 April and 14 June 2016; this does not meet Regulation 20(2) or Minimum Standard 22.2. This was discussed with the acting area manager as the registered provider should ensure all care staff have recorded individual, formal supervision sessions according to the day care setting's procedures; and no less than every three months and more frequently for newly employed care staff. The staff member had received an appraisal in the previous year.

Observations and discussions with eight service users concluded they felt safe in MindWise, Ballyclare service.

Review of seven completed RQIA questionnaires verified that everyone was either 'very satisfied' or 'satisfied' that the care provision in MindWise, Ballyclare day service was safe.

Areas for improvement

Five areas for improvement were identified during the inspection regarding this domain. These matters concern:

1. Review of day care setting's fire risk assessment.
2. Written checks of the day care setting's rear fire exit door.
3. Notification of an identified incident to RQIA.
4. Infection, prevention and control concerning the need for additional mops and buckets for designated areas.
5. Formal supervision of care staff.

Number of requirements	2	Number of recommendations:	3
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4.4 Is care effective?

Discussion with a care staff and the acting area manager established the day care setting had responded appropriately to and met the assessed needs of the service users.

Three service user's care files were reviewed during this inspection. There were no photographs of each service user in their respective care file, nor was there a statement declining this. This is an identified area for improvement. Copies of written agreements were in place in the respective service user's care files. All three service user's care files contained current general and risk assessments which were compliant with Minimum Standard 4. There was evidence that risk and other assessments informed the care planning process and were integrated into the Mindwise support plans.

Two of the three care plans were compliant with Minimum Standard 5. One identified service user's care plan needs to be re-signed by the service user, staff member completing it and the registered manager because changes had been made to it. This was discussed with the acting area manager and is an identified area for improvement.

Review of three service user's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. The respective service user's annual review reports were compliant with Minimum Standard 15.5.

Discussions with eight service users confirmed they were encouraged and enabled to be involved in the assessment, care planning and review process.

It was observed during this inspection that records were stored safely and securely in line with data protection.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, regular service users and staff meetings. Discussion with the staff member confirmed management operated an open door policy in regard to communication within the day care setting.

The day care setting's complaints record was reviewed during this inspection. This showed no areas of dissatisfaction, concerns or complaints had been recorded since the centre's previous care inspection on 07 May 2015.

During this care inspection, an identified service user raised with RQIA several areas of dissatisfaction they had regarding communication with the wider MindWise organisation. The service user said they had discussed this with staff in the day service and with a senior member of management in the organisation. Consent was given by the service user for RQIA to share their dissatisfaction with the acting area manager. The service user's dissatisfaction should be retrospectively recorded in the centre's complaints record and investigated accordingly. A discussion took place with the acting area manager about Minimum Standard 14; he was advised to remind staff they should ensure that all areas of dissatisfaction/concern/complaints are recorded in the centre's complaints record. This is an identified area for improvement.

A random review of three compliments concluded positive comments about the quality of care provision in MindWise Ballyclare day service.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

In relation to RQIA's tour of the environment; stains were observed on the carpet at the middle exit door to the enclosed yard, it was also observed to be very worn and faded. The registered provider should ensure the flooring in this area is replaced. A review of the flooring in the remaining group areas used by service users should also take place. These are identified areas for improvement.

Seven RQIA questionnaires were returned and provided evidence that everyone was 'very satisfied' or 'satisfied' that the care provision in the day care setting was effective.

Areas for improvement

Four areas for quality improvement were identified during the inspection regarding this domain. These matters concern:

1. A recent photograph of the service user in their respective care file.
2. Review of an identified service user's care plan.
3. The complaints record.
4. Replace the flooring at the middle exit area and review the flooring in the group room areas.

Number of requirements	1	Number of recommendations:	3
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4.5 Is care compassionate?

Discussions with eight service users described they are treated with compassion, kindness and respect by staff and the registered manager. They stated they are listened to, supported, valued and communicated with in an appropriate manner. Discreet observations of care practices showed service users' are responded to in a prompt, courteous and supportive manner by care staff. Service users also said they are involved in decision making during their time in the centre.

Discussion with staff concluded they have a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Relationships between staff and service users were observed to be relaxed and friendly.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them via informal one to one meetings; service users' meetings, annual service user satisfaction surveys; pre-review and annual review meetings.

The most recent service users' annual quality assurance survey was distributed by MindWise in September 2016. Thirteen out of approximately 41 service users attending the Ballyclare day care setting completed and returned these. The evaluation report had been received by the acting area manager that morning and this was reviewed during this inspection. It is noted there were no questions regarding the service users' views and opinions of the day care setting's environment. This was discussed with the acting area manager and should be included in future annual surveys. The acting area manager stated an action plan would be completed and implemented concerning several identified matters specified in this evaluation report. This will be retained and made available for future inspection.

RQIA had individual discussions with a total of eight service users. The inspector assessed through observation and general discussions that the service users are happy with the quality of care provision in MindWise Ballyclare service. Examples of some of the comments made by service users are:

- "This place keeps my sanity, it provides great support and I enjoy it. The craic is good. The manager and staff are fantastic."
- "I love coming here, it has really helped me. The support is good."
- "I'd be lost without this centre. I enjoy coming here and it brings a focus to my day."
- "I'm very happy coming here, everyone is very friendly and the chat is good. Everyone is helpful."
- "This centre has helped me a lot and I like it. The staff are down to earth and are always there to listen."
- "I enjoy coming here and feel it helps me and meets my needs."
- "I can't speak highly enough about MindWise and what this centre has done for me. I've been in a bad place in my head and they have helped me a lot."
- "I'm happy coming here and feel safe."

All seven completed RQIA questionnaires stated everyone was either 'very satisfied' or 'satisfied' that the care in MindWise, Ballyclare day service was compassionate.

Areas for improvement

There were no areas identified for improvement in this domain during this inspection.

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

Discussion with one care staff concluded they have understanding of their role and responsibilities under the legislation and Minimum Standards. Staff had a clear understanding of the organisational structure. The staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

RQIA's registration certificate of the day care setting was displayed on a wall in the reception area of the centre.

Discussion with one care staff confirmed that staff meetings are held every few months in MindWise Ballyclare day service and a random sample of the minutes of four staff meetings (26 May; 23 June; 01 August and 18 October 2016) verified this. The minutes of these meetings were compliant with Minimum Standard 23.8. Staff stated that there was effective teamwork and staff member are aware of their role and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. Staff consulted with clearly demonstrated their ability to communicate effectively with other healthcare professionals.

Monthly monitoring visits were undertaken as required under Regulation 28. Three monthly monitoring reports were randomly reviewed during this inspection (22 August, 24 October and 21 December 2016); these reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. These were qualitative as they reported on the conduct of the day care setting, comprehensive and compliant with Regulation 28 and Minimum Standard 17.10.

The most recent annual quality report was dated April 2015 – March 2016 and made available during this inspection. This report was compliant with Regulation 17(1), Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007.

Discussion with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

With regards to 'Is the Service Well Led' domain in the seven returned RQIA questionnaires; everyone stated either 'very satisfied' or 'satisfied' on the completed forms.

Based on the findings of this care inspection there was evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in MindWise, Ballyclare day service.

Areas for improvement

There were no identified areas for improvement during the inspection in this domain.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jim Darragh, acting area manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 19(1)(a) Stated: First time To be completed by: 11 April 2017 and ongoing	<p>The registered provider must ensure service user's care files contain a recent photograph of the service user. If the service user wishes not have a photograph in their care file, this must be stated.</p>
	<p>Response by registered provider detailing the actions taken: All service user files are currently being reviewed to ensure there is either an up to date photograph present or a signed note stating that the individual service user does not wish to have their photo held on file.</p>
Requirement 2 Ref: Regulation 26(4) Stated: First time To be completed by: 31 March 2017	<p>The registered provider must ensure the Mindwise Ballyclare fire risk assessment dated 17 September 2015 and fire management plan is systematically reviewed by a competent person.</p>
	<p>Response by registered provider detailing the actions taken: The previous assessor is no longer positioned to complete the reviews of the fire risk assessments. Another company has been contacted and will provide a timetable for all fire risk assessments to be carried out before the end of March. The risk assessment will be forwarded once received.</p>
Requirement 3 Ref: Regulation 29 Stated: First time To be completed by: 17 January 2017 and ongoing	<p>The registered provider must give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of all specified matters in Regulation 29.</p>
	<p>The notification of incident form on an identified date in March 2016 must be retrospectively reported to RQIA.</p>
	<p>The registered provider should review with staff their responsibility to notify RQIA of reportable incidents and accidents regarding Regulation 29 and Standard 17.14.</p>
	<p>Response by registered provider detailing the actions taken: The identified incident stated has been reported to RQIA retrospectively as requested. The acting Registered Manager has discussed the incident with the individual staff members in the service to ensure that there is a clear understanding of the type of incidents that are reportable to RQIA.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: 18 January 2017</p>	<p>The registered provider should ensure the identified service user's support plan (care plan) is reviewed and updated so that it fully and accurately reflects their current needs. Where changes are made to the care plan; the service user, member of staff making the changes and the registered manager sign and date the revised care plan. Where the service user chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate recorded.</p> <p>Response by registered provider detailing the actions taken: Due to a prolonged period of ill health the individual service user has been unable to attend the centre. However, staff have contacted her by phone in order to update the support plan verbally and the service user has agreed to sign this when her health improves and she is able to attend.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed from: 11 January 2017 and ongoing for (a) and 11 March 2017 for (b)</p>	<p>The registered provider should ensure:</p> <p>(a) Staff are aware that all areas of dissatisfaction/concern/complaints are recorded in the centre's complaints record.</p> <p>(b) Respond to the identified individual's areas of concern discussed during the care inspection of 10 January 2017. The complaints record should include details of communications with the individual, the result of the investigation and the action taken in the centre's complaints record.</p> <p>Response by registered provider detailing the actions taken: The acting Registered Manager has conducted an investigation in regard to the concerns raised by the service user during the inspection. These have been clarified and communicated to the service user, who stated that he was happy with the outcome. This has been recorded in the service's complaints book. The recommendation has also been discussed at the service user meeting dated 26/01/17. Staff have been made aware of the need to record all areas of dissatisfaction, concern or complaint in the service's complaints book.</p>
<p>Recommendation 3</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed from: Immediate and ongoing</p>	<p>The registered provider should ensure all care staff have recorded individual, formal supervision sessions according to the day care setting's procedures; no less than every three months.</p> <p>Response by registered provider detailing the actions taken: One to one formal supervision has taken place with the service staff member on 24/01/17 and further dates scheduled for 2017 in accordance with the organisation's policy and procedure. The annual staff appraisals are due to be completed before the end of March.</p>

<p>Recommendation 4</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2017</p>	<p>The registered provider should ensure current best practice infection control guidelines are adhered to regarding the provision and storage of mops and buckets for the cleaning of the kitchen and bathroom floor areas.</p> <p>Response by registered provider detailing the actions taken: Currently only the kitchen has a hard floor surface as the toilets are carpeted. Hooks have been mounted in the enclosed yard area to allow the mops and brushes to be stored off the ground and the mop and bucket have been replaced. Plans have also been made to replace the carpeting in the toilets with linoneum by the end of March 2017. Another bucket and mop of a different colour will be purchased so the kitchen and bathroom areas have separate mops and buckets therefore reducing the risk of cross infection.</p>
<p>Recommendation 5</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2017</p>	<p>The registered provider should ensure the flooring at the middle exit door to the enclosed yard is replaced. A review of the flooring in the remaining group areas used by service users should also take place.</p> <p>Response by registered provider detailing the actions taken: The floor covering in the lower, middle and upper areas of the centre will be replaced by the end of March 2017.</p>
<p>Recommendation 6</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed from: 11 January 2017 and ongoing</p>	<p>The registered provider should ensure written daily checks of the effectiveness of the rear fire exit are made. Immediate action must be taken by the registered provider if there is insufficient space at the rear fire exit door to ensure service users can safely evacuate the day care setting.</p> <p>Response by registered provider detailing the actions taken: A template has been devised to enable daily checks to be completed by staff on duty. The exit is also being checked at different times of the day as discussed. This commenced on 11/01/17.</p>

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



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