

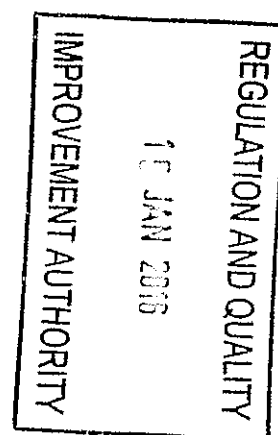
The Regulation and  
Quality Improvement  
Authority

Dromore Outreach Centre  
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Inspector: Suzanne Cunningham  
Inspection ID: IN023151

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**Unannounced Care Inspection  
of  
Dromore Outreach Centre  
03 November 2015**



The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 03 November 2015 from 10.00 to 15.30. Overall on the day of the inspection the Day Care Service 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

The details of the QIP within this report were discussed with the Geraldine McKenna, Senior Day Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2 Service Details

<b>Registered Organisation/Registered Person:</b> Western Health and Social Care Trust/Mrs Elaine Way	<b>Registered Manager:</b> Niall Campbell (Acting)
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Geraldine McKenna, Senior Day Care Worker & Michelle Galloway, Day Care Worker	<b>Date Manager Registered:</b> (Acting) Since 23 June 2014
<b>Number of Service Users Accommodated on Day of Inspection:</b> 12	<b>Number of Registered Places:</b> 16

## 3 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5 - Care plan: 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**

Prior to inspection the following records were analysed:

- the registration status of the service
- One incident notification which had been reported to RQIA
- written and verbal communication received since the previous care inspection which did not reveal any issues to be followed up during this inspection
- the returned quality improvement plan (QIP) from the last care inspection undertaken on 2 March 2015 which revealed no requirements or recommendations had been made

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection the inspector met with twelve service users, the senior day care worker and two staff. There was no visiting professionals or representatives/family members available for discussion during this inspection. One staff member and nine service users completed RQIA inspection questionnaires which are reported on in this report.

The following records were examined during the inspection:

- the settings statement of purpose and service user's guide
- two service users individual care records including care plans, assessments and review documentation
- three complaints/issue of dissatisfaction
- a sample of the settings monthly monitoring visit records (regulation 28) from January 2015 to October 2015
- a sample of the settings incidents and accident records from March 2015 to November 2015
- the settings annual quality assurance arrangements
- policies and procedures regarding Standards 5 and 8

#### **5 The Inspection**

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

The previous inspection of the service was an announced care inspection dated 2 March 2015. The completed QIP was returned and approved by the care inspector.

##### **5.2 Review of Requirements and Recommendations from the Last Care Inspection**

No requirements or recommendations resulted from the primary announced inspection of Dromore Outreach Centre which was undertaken on 2 March 2015.

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

#### Is Care Safe?

The inspection revealed there are no service users who need assistance in this area that attend this setting. The service users in Dromore were all independent; two service users' individual files were sampled including their assessments, care plans and review records which evidenced the service user's independence in this area. There was a continence promotion policy and procedure in place which was last reviewed in January 2011. This should be reviewed in compliance with Standard 18 criterion 5. Furthermore the content of the document should be reviewed and updated to ensure the focus of this document has more of a support and promotion focus, therefore focusing staff on their role of promoting continence in this day care setting. Examples of how to make the procedure more person centred are reference information such as staff should ensure service users are aware of the location of bathroom facilities when first attending Dromore or visiting a community setting, involve service users in designing signage, ensure service users are given seating that is appropriate for them to move out of it with ease and ensure service users can access bathrooms easily, involve service users/representative in discussions if continence concerns are identified, and seek their agreement to refer on to a professional if appropriate. A recommendation is made in this regard.

The review of the care planning documentation in the two individual service users files showed staff are actively seeking service users and their representatives' views and incorporating these into practice in review of the care plan and assessment. The service user's have star profiles which map service user's progress in all areas of development including development of independence and in day to day discussions. This ensures service users are given opportunities to develop their ability to communicate their choices, issues of concern, or complaints so these are recorded and acted on

A tour and observations of the environment identified there were three toilets in the setting. Two are located on the first floor and away from the main service user activity area; however, there are plans to renovate the toilets and add a stair lift to increase accessibility of the upper floors and facilities. The inspection of the toilets observed there was no foul odour; and Personal Protection Equipment (PPE) was available if required. There were no continence products stored as there was no needs identified. The areas presented as clean and in keeping with infection control guidance

Discussion with service users and review of the nine RQIA questionnaire responses revealed service users feel satisfied to very satisfied that they are safe and secure in this setting and eight service users were satisfied to very satisfied that staffing levels were appropriate. One service user was unsatisfied with staffing levels and discussion revealed they wanted "more staff for more company in day care". The service users were not concerned regarding there not being enough staff to meet their needs and service users commented:

- "Staff are good to me."
- "Having help makes us feel safe, we enjoy it here."
- "I like the staff here, activities and outings."

One staff member returned an RQIA questionnaire after the inspection and reported they felt satisfied with the training provided in all areas except whistleblowing. The registered manager

should address this generally with staff and a recommendation is made in this regard. The staff member also said they were unsatisfied with the environment but commented: "At present we are awaiting building work to commence on the downstairs toilet. This will then improve my thinking on the toileting issue." Following the inspection the acting manager advised RQIA the works are due to commence on 30 November 2015.

In conclusion the inspection of the care plan and practice revealed service users do not need to receive specific individual continence promotion and support; however, care is safely delivered and consistent with the care plan.

### **Is Care Effective?**

Discussion with staff revealed they promote continence in the setting by promoting independence. Staff said they would notice if independence has deteriorated and they would discuss this with the service users; and or family member. The service users said they know where the toilets are and had been shown them by staff when they first came to Dromore. They said they all feel confident about using them independently and as they need to.

One staff member returned a RQIA questionnaire post inspection. They identified they are satisfied they have access to supplies of continence products, PPE and based on the care plans staff feel they have sufficient knowledge, skills and experience to assist service users with personal care.

Discussion with service users and review of the nine RQIA questionnaire responses revealed they felt very satisfied to satisfied the staff are effective and know how to care for them and respond to their needs. Service users commented:

- "Staff make me tea, that makes me happy."
- "We like the room we hang out in, there is music and games."
- "Staff make me feel very happy."

In conclusion, the inspection of Standard 5 - Care plan identified service users receive effective individual continence promotion and support.

### **Is Care Compassionate?**

Discussion with staff, review of two individual service users' records and other records such as the compliments and complaints record, staff meeting records and service users/advocacy meeting minutes showed staff are knowledgeable and do use a person centred approach in their reporting, recording and approach to day to day care. The care is informed by values which underpin the standards for day care settings such as promoting service users independence and choice.

Discussion with service users revealed they do feel listened to, their views are being asked by staff and they felt staff respect their dignity. The service users described staff promote their sense of worth and independence in Dromore. The inspector observed this has resulted in a group who were communicating easily together, were relaxed in their surroundings and enjoying a wide range of activities.

One staff member returned an RQIA questionnaire which detailed they felt satisfied service users are afforded privacy, dignity and respect at all times and service users are encouraged to retain their independence and make choices.

Discussion with service users and review of the nine RQIA questionnaire responses revealed they felt very satisfied to satisfied with the care and support they received.

In conclusion the inspection of standard 5 - Care plan provided evidence the service users plan does inform care including individual continence promotion and support. Staff were observed delivering care to the service users using a compassionate and person centred approach.

### **Areas for Improvement**

Two recommendations are made regarding Standard 5: - Care plan: where appropriate service users receive individual continence promotion and support.

One recommendation is made that the continence promotion policy and procedure reviewed in compliance with Standard 18 criterion 5. Furthermore the content of the document should be reviewed and updated to ensure the focus of this document has more of a support and promotion focus and staff are guided to promote continence in this day care setting.

One recommendation is made that the manager reviews with staff the arrangements regarding whistleblowing. The manager must assure RQIA the staff feel satisfied that they know who to report to if they have concerns regarding care in the setting, when to use the trust whistleblowing procedure and when to report concerns to other authorities such as RQIA.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
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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?**

Care planning documentation was sampled in the two individual service users' files which showed staff are actively seeking service users' and their representatives' views; and incorporating these into practice during the review of the care plan and assessment, when reviewing the star profile which maps progress in all areas of development including independence; and in day to day discussions. This ensured that choices, issues of concern, or complaints were recorded and acted on

Discussion and observation of the service users taking part in activities concluded service users are being listened to and responded to by staff that are knowledgeable about their individual communication methods and personalities. This assists service users in feeling they can comfortably talk openly with staff and make their views and opinions known.

There were policies and procedures available for staff reference; however, they had not all been subject to a systematic three yearly review and some policies and procedures relevant to the inspection of this standard were not available for reference. For example:

- Service users' meetings and forums – there was a policy and procedure called service user council meetings and this was dated December 2010, this should be reviewed.

- Service users' involvement in activities and events was not available for inspection.
- Communications with carers and representatives was not available for inspection.
- General communication arrangements. There was a policy and procedure which referenced communication arrangements; however, it was short, the content was basic and it was last reviewed in December 2010.
- Safe and Healthy Working Practices was not available for inspection.
- Inspections of the Day Care Setting was not available for inspection.
- The trust or day care setting policy regarding consent was not available for inspection.
- A guide regarding listening and responding to service users' views was available but not a policy or procedure.
- Management, Control and Monitoring of the setting was not available for inspection.
- Quality Improvement was not available for inspection.
- The trust complaints policy was dated May 2011; this should be reviewed three yearly.

In conclusion these policies and procedure should be updated and reviewed to ensure they are compliant with Standard 18 and Schedule 2; a recommendation is made in this regard.

The inspection revealed staff were promoting service users' involvement in this setting by gathering service users' views and comments in a variety of ways which is used to shape the quality of services and facilities provided by the day care setting. This promotes safe care which is responsive to service users' needs.

### **Is Care Effective**

There was a range of methods and processes where service users' and their representatives' views were sought, recorded and include details of the action taken; these were:

- Dromore Outreach monthly newsletter. This records general news for service users and families. This was complimented by a family as they enjoy keeping up to date on what is happening. The record was sampled from January to September 2015 and this revealed it is an record of what has been happening in day care and service users are involved in the writing and the content.
- Council meetings had been held monthly. They covered a range of issues from activities to news in the surrounding area which may impact on accessing support and services. A sample of the minutes were read from January to September 2015 which revealed there had been a been focus on healthy eating and empowering service users to give their views and opinions.
- Service User Review documents were read in two service users' individual files. The documentation showed staff sought service user and relatives' views regarding satisfaction with the care provided and future plans.
- Annual Survey 2015 surveys collected, just pulling together results and forming outcomes.
- The day care worker had developed a community resource file to give carers ideas about other services and support they can access in the community.
- Monthly monitoring reports were sampled from January to October 2015. They included views of service users, occasionally relatives and professionals involved with the service.

The above methods and processes had enabled service users to be involved in and given opportunities to influence the running of the day care setting, as well as participate in decisions about the care and support services received. Staff were observed during the inspection enabling service users to exercise choice.

Staff informed service users that the inspection was taking place and arrangements were made for service users to give their views about the standard of care to the inspector.

In conclusion the inspection provided evidence of compliance with Standard 8. Service users are involved in this service and service users' views and comments are effectively used to shape the quality of services and facilities provided by this day care setting.

### **Is Care Compassionate?**

In conclusion this inspection showed that service users in Dromore are being listened and responded to by staff who are knowledgeable about each individual service users' communication needs. They talk to service users individually and as a group and encourage service users to exercise choice regarding what they do in Dromore, whilst promoting independence.

One staff member returned an RQIA questionnaire from this inspection which reported they are satisfied staff talk and listen to service users; care is based on an individual's wishes and needs; service users are involved in the running of the centre; systems are in place to seek service users' views; management respond to service users issues, concerns or complaints; and service users are kept informed regarding any changes or events.

Discussion with service users and review of the nine RQIA questionnaire responses revealed that they felt satisfied to very satisfied that their views and opinions are sought about the quality of the service. Service users commented:

- "I've been in the centre for nine years with nice people, we do different things (activities) with people and that makes me feel happy."
- "I like it when we play games here, bingo and cookery."
- "Staff help out."
- "Staff are nice."
- "Staff help us in a nice way."

In conclusion the inspection of Standard 8 regarding service users' involvement provided examples of how staff use a compassionate approach to seek service users' views and comments which are used to shape the quality of services and facilities provided by the day care setting

### **Areas for Improvement**

One area of improvement was identified regarding Standard 8 - Service Users' Involvement:- Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.

One recommendation is made that the settings policies and procedures regarding Standard 8. They should be updated and reviewed to ensure they are compliant with Standard 18 Schedule 2. This recommendation was also made in regard to the examination of Standard 5. Therefore, one recommendation will be made regarding the examination of both standards.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Service Users' Files**

The inspector reviewed two service user individual records which were kept in individual files. They contained evidence of file audit; assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review of these files did not identify any improvements that were required and the inspection identified quality of information recorded was person centred.

### **5.5.2 Training Records**

The individual training record for one staff member was reviewed, as were training records generally. This identified staff were receiving mandatory and service specific training, for example in 2015 they had received training in infection control, epilepsy, manual handling, health and safety, fire training, first aid and adult safeguarding.

### **5.5.3 Management Arrangements**

In this setting there is no registered manager. There is an acting manager in post and the trust notified us he has been acting since 23 June 2014. This arrangement has been in place for over 12 months and discussions during the inspection did not identify any plans regarding a manager applying for registration with RQIA for this day care setting. The trust must ensure an application for registered manager is received by RQIA as soon as possible. If this is not going to be done immediately the trust must give a timescale for when the application will be received with an explanation of why the delay is necessary. RQIA will assess if this is compliant with the day care setting regulations. A requirement is made in this regard.

### **5.5.4 Monthly Monitoring Reports**

The inspection included a review of the monthly monitoring reports. The records available and discussion with the monitoring officer and staff in the day care setting concluded these visits had not been completed monthly and none of the reports stated if they were unannounced. The monitoring reports available for inspection were for 28 April 2015, 1 July 2015 (for June) and August 2015. One visit was also being carried out on the day of the inspection for November 2015. The monitoring officer stated these visits are announced and because they cannot guarantee if the service users will be in or out, they had been pre-arranged. This was challenged as staff in the settings can advise the monitoring officers at the beginning of each month when they will be in the setting. The monitoring officer explained the frequency of visits was in compliance with an email from RQIA stating visits can be bi-monthly. The monitoring officer was reminded this issue was raised during last year's inspection and RQIA had sent the trust a letter referring the trust to the regulation which states visits must be monthly. Furthermore, the frequency of visits in this setting since the last had not been compliant with trusts proposal of bi-monthly visits.

One monitoring report detailed an inspector (during an inspection of another setting) had instructed the monitoring officer no relatives or representatives need to be contacted as part of the monitoring process. This was discussed further because it is expected relatives and representatives are contacted when service users are not fully independent and need support to communicate. The discussion concluded this advice had not been received in writing and

was only part of a discussion with an inspector. The inspection concluded in this setting future inspections should include discussions with relatives and representatives as appropriate.

Finally one monitoring officer did not follow up on the action plan from the previous report because it was not available. This is not acceptable and all reports must be forwarded to the registered manager in a timely manner to ensure issues requiring follow up can be referenced and checked for improvement and/or progress to ensure each monitoring visit can report on the conduct of the day care setting.

A requirement is made to improve the monthly monitoring visits by ensuring they are undertaken monthly, ensure each year the schedule includes unannounced visits, relatives and or representatives are contacted as part of the reporting; and the reports must be forwarded to the manager in a timely manner so the manager and staff can address the action plan before the next visit.

### **5.5.5 Team Meetings**

The inspection reviewed the team meeting minutes which had occurred monthly; the inspection sampled records from April to October 2015. The minutes noted there had been discussions regarding individual service user needs, activities, service user's views and general day care issues. Staff sign minutes to show they have noted any new information. The inspection also noted the staff are being proactive in their approach to delivery of care by discussing any relevant care issues such as failure to comply notices and how this might impact on their practice in the day care setting. This demonstrates the team have a practice approach to providing safe and quality care in this setting.

### **5.5.6 Complaints and Compliments**

The complaints and compliments record was inspected from January 2014 to the day of the inspection. Three complaints were recorded on the same day in February 2015; they were all verbal reports of dissatisfaction regarding the transport arrangements for that day. They were all responded to locally and resolved on the same day. Each month compliments had been recorded. The inspection of compliments for October 2015 revealed five had been received from different people and recorded, for example from the window cleaner, student, practice assessor, parent and visitor. They complimented the window display; they said the service users are smiling, happy and are encouraged to be independent.

## **6 Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Geraldine McKenna, senior day care worker, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any

future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## **6.1 Statutory Requirements**

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

## **6.2 Recommendations**

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

## **6.3 Actions Taken by the Registered Manager/Registered Person**

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

## **6.4 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.

## **6.5 Recommendations**

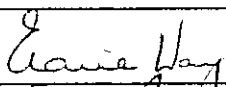

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## **6.6 Actions Taken by the Registered Manager/Registered Person**

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 9 (2)  <b>Stated:</b> First time  <b>To be Completed by:</b> 29 December 2015	<p>The registered person must ensure the trust send an application for registered manager to RQIA. If this is not sent before or with the returned QIP the trust must give a timescale for when the application will be received, with an explanation of why the delay is necessary. RQIA will then assess if this is compliant with the day care setting regulations.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Mr Niall Campbell is the temporary Registered Manager for the Dromore Centre and RQIA have issued a certificate to confirm same. The managerial post for Omagh Centre only became permanently vacant in July 2015, the WHSCT have commenced recruitment for a full time manager.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 28  <b>Stated:</b> First time  <b>To be Completed by:</b> 29 December 2015	<p>The registered person must ensure the monthly monitoring visits and reports are improved in compliance with this regulation, specifically:</p> <ul style="list-style-type: none"> <li>• Visits must be carried out at least monthly and a report must be written for the visit(s) carried out that month.</li> <li>• Each year's schedule of visits must include a number of unannounced visits.</li> <li>• Relatives and/or representatives must be contacted as part of the reporting and the content of the conversation should be summarised in the report.</li> <li>• The reports must be forwarded to the manager in a timely manner so the manager and staff can address the action plan before the next visit.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  <b>Monthly Monitoring:</b>  The WHSCT acknowledge the Regulation sets out a requirement for monthly monitoring visits. However, bimonthly monitoring has been in place at the Dromore Centre since April 2011 following recite of an email from RQIA stating approval for bimonthly monitoring. The Head of Service, Ms Margaret Dolan will write to Mr John Black, RQIA, asking him to consider the inspectors findings in line with his email dated 7<sup>th</sup> April 2011. Ms Margaret Dolan, Head of Service, will then resume contact with the named inspector to share the outcome of above actions.</p> <p><b>Unannounced Visits:</b>  The monitoring schedule will include unannounced visits.</p> <p><b>Contact with Relatives/Representatives:</b>  Monitoring Officer will take the necessary actions to contact</p>

		relatives/representatives, the final report will note their findings.	
		Forwarding of completed reports to Registered Manager: Monitoring Officers will be advised of the importance of returning completed reports in a timely manner allowing for actions to be addressed by the relevant staff.	
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be Completed by:</b> 29 December 2015		<p>The registered person should review the settings policies and procedures and improve them so the policies and procedures are compliant with Standard 18 and Appendix 2. Specifically the following policies should be improved:</p> <ul style="list-style-type: none"><li>• The continence promotion policy.</li><li>• Service users' meetings and forums</li><li>• Service users' involvement in activities and events</li><li>• Communications with carers and representatives</li><li>• General communication arrangements</li><li>• Safe and healthy working practices</li><li>• Inspections of the Day Care Setting</li><li>• Listening and responding to service users' views</li><li>• Management, control and monitoring of the setting</li><li>• Quality improvement</li><li>• The complaints policy</li></ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The Registered Manager will review these policies and procedures during his supervision on the 14/12/15 with his Head of Service, Margaret Dolan.</p>	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 17.17 & 17.18  <b>Stated:</b> First time  <b>To be Completed by:</b> 29 December 2015		<p>The manager should review with staff the arrangements regarding whistleblowing. The returned QIP must assure RQIA the staff feel satisfied that they know who to report to if they have concerns regarding care in the setting, when to use the trust whistleblowing procedure and when to report concerns to other authorities such as RQIA.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>A copy of the WHSCT Whistleblowing policy has been re-sent to the staff in the Dromore Centre along with an overview of named Senior Managers whom staff can speak to, should they wish to report concerns. (Information forwarded on 16/12/15).</p>	
<b>Registered Manager Completing QIP</b>		Niall Campbell	<b>Date Completed</b> 04/01/16
<b>Registered Person Approving QIP</b>			<b>Date Approved</b> 12.1.16
<b>RQIA Inspector Assessing Response</b>			<b>Date Approved</b> 21.3.16.

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