

# Unannounced Care Inspection Report 5 January 2017



## Drumcoo Centre

**Type of service: Day Care Service**  
**1 Cherrymount Road, Drumcoo, Enniskillen, BT74 6GN**  
**Tel no: 028 6632 4400**  
**Inspector: Angela Graham**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Drumcree Centre took place on 5 January 2017 from start time 09.15 hours to 16.45 hours.

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

### **Is care safe?**

On the day of the inspection Drumcree Centre was found to be delivering safe care. There was positive feedback from all service users and a service user's representative spoken with, about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

The staff in Drumcree Centre were observed caring for a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety.

A requirement has been made that the registered person ensures that all staff receive update training in safeguarding vulnerable adults.

### **Is care effective?**

On the day of the inspection it was established that the care in Drumcree Centre was effective. Observations of staff interactions with service users and discussions with a total of fourteen service users and a service user's representative evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

The inspection of elements of three service users care records; incident recording; complaints recording; discussion with the service users, a service user's representative and staff concluded care was being delivered at the right time, in the right place, and with the best outcome.

Four recommendations have been made in this domain. These recommendations focus on improvement of service user's care plans, needs assessments, recoding of the minutes of service users' meetings and service user's agreements.

### **Is care compassionate?**

On the day of the inspection Drumcree Centre was found to be delivering compassionate care. The inspection of records, observations of practice and discussions with staff, service users and a service user's representative confirmed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support.

Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with service users and a service user's representative and

observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner.

There was evidence of good communication in the day centre between staff and service users. Service users were very praiseworthy of staff and a number of their comments are included in the report. Service users were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs.

A recommendation has been made that the registered provider ensures that an annual quality assurance survey is undertaken and a report prepared which incorporates the comments made and issues raised by service users and any actions to be taken in response.

### **Is the service well led?**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the day centre. Staff were able to describe their roles and responsibilities.

On the day of the inspection there was evidence of effective leadership and management in Drumcoo Centre and a culture focused on the needs of service users. Staff confirmed that they were well supported in their roles and that good training is provided.

One requirement and three recommendations have been made in this domain. The requirement focuses on improvement of monitoring visits ensuring they are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The three recommendations focus on improvement of the recording of the menu planner, reviewing the menu planner and the monthly monitoring arrangements.

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

## **1.1 Inspection outcome**

	<b>Requirements</b>	<b>Recommendations</b>
<b>Total number of requirements and recommendations made at this inspection</b>	2	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Niall McGandy, Registered Manager, Isobel Kelly, Senior Day Care Worker 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 care inspection**

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 1 February 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> WHSCT Elaine Way CBE	<b>Registered manager:</b> Niall McGandy
<b>Person in charge of the service at the time of inspection:</b> Niall McGandy	<b>Date manager registered:</b> 13/09/2012

## 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
- The previous care inspection report and quality improvement plan (QIP).

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

- Discussion with the registered manager
- Discussion with three care staff
- Discussion with fourteen service users
- Discussion with one service user's representative
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requesting their return to RQIA. Two service users and two staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments record
- Accident/untoward incident record
- Staff supervision and appraisal records
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 1 February 2016.

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 1 February 2016.

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time	It is recommended that the registered provider should change the monitoring arrangements (Reg. 28) so that monitoring visits are not reciprocal between the managers of two centres.	<b>Not Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Discussion with the registered manager and review of three monitoring visits reports confirmed that this recommendation had not been addressed. The registered informed the inspector that systems were in place for the monitoring visits to be undertaken by a senior representative from the Western Health and Social Care Trust. The registered manager confirmed this arrangement was to be implemented in January 2017.</p> <p>This recommendation has not been addressed and has been stated for a second time in this report.</p>	

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met.

Staff consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care evidenced that service users' needs were met by the numbers of staff on duty.

Discussion with service users evidenced that there were no concerns regarding staffing levels.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21, Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager; records of competency and capability assessments were retained.

Review of a sample of staff training records concluded staff had received mandatory including fire safety, infection prevention and control, moving and handling and other training relevant to their roles and responsibilities since the previous care inspection. Staff had not received update training in safeguarding vulnerable adults since 25 November 2014. A requirement has been made to address this issue.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager stated that there were no current safeguarding concerns ongoing.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs, how those needs will be met. They knew who may need additional time to manage and support their behaviour; and gave examples of how they respond in a safe way to calm and redirect service users. Overall the staff described their aim was for service users to enjoy their time in day care by undertaking stimulating activities, for service users to feel comfortable and safe in the group environment. The staff confirmed if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team; whom they advised were accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Two service users completed questionnaires for this inspection. These service users confirmed they felt safe in the setting; they could talk to staff if they were unhappy or had any issues or concerns, they could tell someone if they were worried about someone being treated badly, the setting is comfortable and they knew what to do if the fire alarm sounded.

Two staff members returned questionnaires. Staff confirmed the care was safe, there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities.

### Areas for improvement

One area for quality improvement was identified during the inspection regarding this domain. This matter concerns the provision of update training in safeguarding vulnerable adults for all staff.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

Review of elements of three service users' care records reflected there are risk assessments and care plans in place. There was evidence that risk and other assessments informed the care planning process. There was also recorded evidence of multi-professional collaboration. Care recording for every five attendances was being maintained.

The review of elements of three service user care files identified there was incomplete assessment information in place. One service user's needs assessment did not accurately reflect the service user's moving and handling needs. A discussion took place with the registered manager about Minimum Standard 2.4 and Standard 4 concerning assessments. A current person-centred assessment of need must be in place which should include, as appropriate, information on the service user's physical health; mental health; awareness and decision making skills; emotional well-being; capacity for the activities of daily living and self-care; if there are any dietary needs; mobility; communication and sensory functioning abilities; lifestyle including their current living arrangements; social needs including where relevant any cultural or spiritual needs.

The three needs assessments reviewed had not been dated nor signed by the staff member completing the assessment, registered manager or service user. This does not comply with Minimum Standard 5.3 and is an identified area for improvement. A recommendation has been made to address these issues.

The review of elements of three service user care files also identified that one care plan had not been signed by the registered manager. This does not comply with Minimum Standard 4.3 and is an identified area for improvement. It is recommended that the care plan is signed by the registered manager. The inspector acknowledges that the care plans were signed and dated by the service user and the member of staff responsible for drawing them up.

The review of elements of three service user care files also identified that a written agreement in line with Minimum Standard 3 was not available in these records. A recommendation has been made to address this issue.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

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

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, staff training and infection prevention and control and evidenced that actions identified for improvement had been completed.

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, service users and staff meetings.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the registered manager and review of records evidenced that service user meetings were held generally quarterly. The minutes of the three most recent service users meetings were reviewed during this inspection. The last meeting was held on 01 November 2016 and minutes were available. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. They contained the names of the service users who attended and a summary of the discussions. The minutes did not contain an agenda; detail if any action is needed with details of who is responsible for this. A recommendation has been made to address this issue.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users.

Two service users' completed questionnaires which confirmed they were getting the right care at the right time; staff were communicating well with them; their choices are listened to; they choose the activities they take part in; and they had been involved in the annual review of their day centre placement.

Two staff questionnaires confirmed service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.



## Areas for improvement

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

1. Service user's needs assessments.
2. Service user's care plans.
3. Provision of individual service user's written agreements.
4. Recording of the minutes of service users' meetings.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	4
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### 4.5 Is care compassionate?

Discussion with service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. Staff interactions with service users were observed to be compassionate, caring and timely.

The dining room was attractively presented and spacious and the atmosphere was relaxed and leisurely.

Staff were aware of each service user's individual needs and were observed responding positively and warmly. During discussion staff presented as knowledgeable and informed regarding each service user's needs.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The registered manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner. Observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

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.

Service users are consulted in an informal daily basis via discussions with staff. Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

Discussion with the registered manager confirmed that an annual quality assurance survey about the quality of the day service in Drumcoo Day Centre had not been undertaken in 2016.

A recommendation has been made that the registered provider should ensure that an annual quality assurance survey is undertaken and a report prepared which incorporates the comments made and issues raised by service users and any actions to be taken in response.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- “I have been coming to Drumcoo for many years and this is an excellent centre. I really enjoy all the activities here.”
- “Staff are very good to me. Niall is always available if you need to talk to him.”
- “I would like more choice for dinner.”
- “I always get a warm welcome from staff every morning I come to the centre.”
- “I really enjoy the gardening. In the summer we grow vegetables in the raised beds and we grow grapes and plants in the greenhouse. It is a great project that we all take part in.”
- “I feel safe and well cared for in Drumcoo. If I had any issues I would go to any member of staff and talk to them.”
- “Staff help and support me with my mobility. My walking has improved since I have come here.”
- Staff are always patient and kind.”
- “We have great fun and laughter here.”

The inspector met with a service user’s representative. The service user’s representative spoke positively of the service, care delivered and the staff team. Examples of some of the comments made by the service user’s representative are listed below:

- “My relative really enjoys coming to the centre. It is my view this is an excellent centre.”
- “Staff are very good and keep me informed of any issues in regard to my relative. I also feel comfortable approaching staff if there is anything I wish to discuss.”
- “My relative is treated very well when she is here.”

Consultation with service users regarding compassionate care and service users’ questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

Two staff questionnaires confirmed service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

### Areas for improvement

One area for quality improvement was identified during the inspection regarding this domain. This matter concerns the registered provider ensuring that an annual quality assurance survey is undertaken and a report prepared which incorporates the comments made and issues raised by service users and any actions to be taken in response.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre's policies and procedures.

In discussion service users were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern. Service users confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Discussion with staff confirmed they were familiar with organisational and management structure and with their lines of professional accountability. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

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

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

A review of the schedule confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the registered manager confirmed that staff meetings were held generally monthly, and records verified this. The last meeting was held on 22 December 2016 and minutes were available. Previous staff meetings had been undertaken on 27 November 2016 and 27 October 2016. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

Discussion with the registered manager and staff also confirmed that daily team meetings were undertaken each morning.

A two week menu planner was available on the day of inspection. The inspector reviewed the menu planner. The menu did not offer a choice of meals and reflected one meal was provided. Discussions with the registered manager concluded care and catering staff were aware of service user's likes, dislikes and preferences and that if a service user does not like the meal on that day, an alternative is provided.

Review of the two week menu planner identified a date of when the menu was last reviewed was not recorded. Discussion with the registered manager confirmed the menu planner was last reviewed approximately one year ago. The registered manager was advised to review the centre's menu planner. A clear choice of meal should be provided and the menu should reflect this as per Minimum Standard 10.2.

Also the menu planner should be rotated over a three-week cycle and revised at least six monthly, taking into account seasonal availability of foods and service users' views as per Minimum Standard 10.7. Recommendations have been made to address these issues.

The complaints record was reviewed. No complaints were recorded since the previous inspection on 01 February 2016.

The monthly monitoring reports were reviewed from September to November 2016. The reports evidenced visits had taken place on 26 September, 26 October and 28 November 2016. No evidence was available on the day of inspection that a monitoring visit had been undertaken in December 2016. Discussion with the registered manager confirmed a monitoring visit had not been undertaken in December 2016. The registered provider must ensure that the monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A requirement has been made to address this issue.

A recommendation made in the report of the previous care inspection in regard to ensuring that monitoring visits in line with Regulation 28 are not reciprocal between the managers of two centres has not been addressed and has been stated for the second time in the QIP of this report.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Two service users' questionnaires confirmed the service was managed well; they said they knew the manager and could talk to the manager if they had any concerns. The service users also confirmed staff had responded well to them and they are asked what they would like to do in the setting.

Two staff questionnaires confirmed the service is managed well, the service is monitored, and communication between the staff and management is effective.

### **Areas for improvement**

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

1. The registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.
2. The registered provider should ensure that menus are rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users' views.
3. The registered provider should ensure that monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.
4. The registered provider should ensure that monitoring visits are in line with Regulation 28 are not reciprocal between the managers of two centres.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	3
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Niall McGandy, Registered Manager, Isobel Kelly, Senior Day Care Worker 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 service. 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 Setting Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment 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

<p><b>Requirement 1</b></p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2017</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users ensure that the persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> All social care staff eligible for registration with Niscc employed in Drumcoo day Centre are now registered Northern Ireland Social Care Council. Relevant mandatory training as well as additional training appropriate to the work staff perform has been identified. Relevant training specific to Safeguarding and Vulnerable Adult Training as well as Report Writing and Recording has been identified. Dates are pending and provisionally booked for April 2017.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered person must ensure that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> The monthly monitoring visits are now carried out by Head of Service Physical and Sensory Disability Programme of Care. The first monitoring visit took place on on the 24<sup>th</sup> January 2017 and the second on the 22<sup>nd</sup> February 2017.</p>
<h3>Recommendations</h3>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 5.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2017</p>	<p>The registered provider should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> All care plans are now dated, signed by the service user, key worker and registered manager.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2017</p>	<p>The registered provider should ensure that the minutes of service users' meetings include:</p> <ul style="list-style-type: none"> <li>• The names of those attending;</li> <li>• An agenda;</li> <li>• The outcomes of action taken since the previous meeting;</li> <li>• A summary of discussions;</li> <li>• The action to be taken on service users' comments and suggestions and the name/s of the person/s responsible for taking action on any matters arising.</li> </ul>

	<p><b>Response by registered provider detailing the actions taken:</b> This recommendation has now being completed.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2017</p>	<p>The registered provider should ensure:</p> <p>(a) each service user has an up to date person-centred assessment of his or her needs. This should include, as appropriate:</p> <ul style="list-style-type: none"> <li>• information on the service user’s physical health;</li> <li>• mental health;</li> <li>• awareness and decision making skills;</li> <li>• emotional well-being;</li> <li>• capacity for the activities of daily living and self care;</li> <li>• if there are any dietary needs;</li> <li>• mobility;</li> <li>• communication and sensory functioning abilities;</li> <li>• lifestyle including their current living arrangements;</li> <li>• social needs including where relevant any cultural or spiritual needs.</li> </ul> <p>(b) assessments are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>An assessment format is currently contained on file for each service user. This format will be developed along with staff and service users to ensure that the format for this process is appropriate for service user’s needs. A quality improvement plan is currently being developed within the Physical and Sensory Disability Programme of Care. This will look to address any quality improvement issues identified. Issues specific to assessment processes will be reviewed and developed as part of this process. The registered managers will assure the assessment documentation on files is dated, signed by service user staff and registered manager by carrying out regular file audits. Any changes to Assessment documentation will be included in the client file.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 10.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2017</p>	<p>The registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.</p> <p><b>Response by registered provider detailing the actions taken:</b> Services users are provided with an alternative choice of meal as and when requested and in response to their individual choice and needs. Service users who have therapeutic or specific diet requirements are also provided with alternative options as and when required and in response to their individual choice and needs.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 10.7</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that menus are rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users’ views.</p> <p><b>Response by registered provider detailing the actions taken:</b> The Registered Manager has taken this issue forward with current</p>

<p><b>To be completed by:</b> 31 March 2017</p>	<p>providers including Head Chef from the South West Acute Hospital. Discussions are ongoing in light of the complexities and difficulties associated with changing the current established two week community rota system to accommodate a three week rota system. Any potential for development in this area will be taken forward through consultation with the relevant managers with this contracted service. This recommendation will be impacted upon by developments associated with the reform of centralised contracted meal provision. Discussions are ongoing between manager and contracted service provider.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2017</p>	<p>The registered provider should provide each service user with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs.</p> <p><b>Response by registered provider detailing the actions taken:</b> This process and associated documentation is currently being reviewed, with staff and service users, to ensure the documents re person centred and are service user friendly and will be finalised and included in files by May 2017.</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 8.4 and 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2017</p>	<p>The registered provider should ensure that service users' views and opinions about the running of the service are sought on a formal basis at least once a year, preferably by an organisation or person independent of the service. A report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.</p> <p><b>Response by registered provider detailing the actions taken:</b> A questionnaire has now been completed and ready to be distributed to service users to ascertain their views and opinions on the day to day running of the service. A nominated person, independent of the service, has been asked to carry out the survey.</p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>It is recommended that the registered provider should change the monitoring arrangements (Reg. 28) so that monitoring visits are not reciprocal between the managers of two centres.</p> <p><b>Response by registered provider detailing the actions taken:</b> Monitoring visits are now carried out by Head of Service with any issues relating to Governance escalated to the Assistant Director.</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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