

The Regulation and
Quality Improvement
Authority

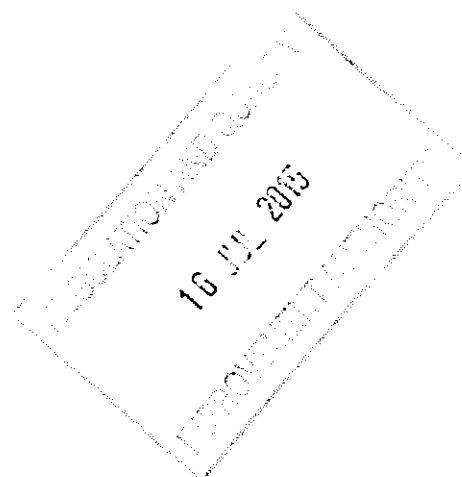
Aspen Beacon Centre
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**Unannounced Care Inspection
of
Aspen Beacon Centre**

20 May 2015



The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 20 May 2015 from 10.30 to 16.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The nine areas for improvement concerned:

- Environment (two requirements and one recommendation)
- Care files containing a photograph of the service user
- Service users annual quality assurance
- Service user's annual review reports
- Areas of dissatisfaction raised by service users
- Minutes of service users meetings
- Review of identified policies and procedures

The details of the QIP within this report were discussed with Ms Josephine Moran, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr William Henry Murphy	Registered Manager: Ms Josephine Moran
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Josephine Moran	Date Manager Registered: 20 January 2015
Number of Service Users Accommodated on Day of Inspection: 32 (26 in Aspen building and an additional 5 at Connect young peoples group in the community).	Number of Registered Places: 32

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 and/or themes has/have been met:

Standard 5 Care plan:	Each service user has an individual and up to date comprehensive care plan
Standard 8 Service users' involvement:	Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to the inspection and part of the process, the following records were examined:

- Three notifiable events submitted since the previous care inspection
- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from the care inspection undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with sixteen service users (ten in a large group, five in a group and one individual conversation) and had discussions with two staff.

The following records were examined during the inspection:

- One complaint and nine compliments
- Three accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of two service user's meetings
- Four service users care files
- One service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Four monthly monitoring reports

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 3 June 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.5	The smoking area at the rear of the building had been brightened with wall paintings, but the outdoor furniture was in poor condition. Improvements in this area are recommended. Action taken as confirmed during the inspection: Service users were consulted and new outdoor furniture had been purchased.	Met
Recommendation 2 Ref: Standard 25.5	The art room was evidently well used and is now in need of some re-decoration. Action taken as confirmed during the inspection: The art room has been re-painted. A creative mural has been designed on one wall.	Met

5.3 Standard 5 Care plan: Each service user has an individual and up to date comprehensive care plan

Is Care Safe? (Quality of Life)

The day service has corporate policies and procedures pertaining to assessment, care planning and review. These are qualitative, robust and informative.

Service users are encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users, this is underpinned by strong core values.

Discussions with the manager and staff concluded most service users attending Aspen Beacon Centre have stable mental ill health, however there can be periods when this fluctuates and as a result can affect their day to day ability to function normally. When service user's mental health deteriorates staff are available and respond in a sensitive, caring and non-judgemental way. Discussions with most service users conclude this to be the case. Several said there can be occasions when staff are busy and they feel they have to wait to meet with them. The majority of service users stated the manager and staff know them very well and they would be lost without Aspen and the support it gives them.

Discussions with sixteen service users and two staff; review of care records and general discreet observations of staff interactions with service users concluded safe care is delivered in the Aspen Beacon Centre.

Is Care Effective? (Quality of Management)

The service's statement of purpose reflected service users are encouraged to be actively involved in completing their care plans. These are reviewed by staff with service user's on a six monthly basis or sooner if changes are needed.

The inspector's review of four service user's care plans showed these to be person centred. The inspector found the care plans to be qualitative and detailed reasons why the service user is attending the service and how their needs are being met. They detail the personal outcomes sought by the service user, their daily and weekly programme; management of any identified risks and other relevant areas specified in standard 5.2.

All four care plans had either been completed with or by the service user with staff support. Positive comments were shared with staff about the high level of service user involvement with their care plans. These were dated and signed by the service user, staff member and manager. There was evidence the support plans are kept up to date and reflect the service user's needs.

The inspector reviewed random samples of service user's progress care notes. These were qualitative and informative regarding how the service user was feeling on the day and any activities, groups or classes they participated in.

The minutes of a service users meeting in April 2015 showed care plans and annual reviews were discussed.

Based on the inspector's review of four service user's support plans and discussions with service users, it is concluded care is effective in Aspen Beacon Centre.

Is Care Compassionate? (Quality of Care)

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Service users are encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users, this is underpinned by strong core values. Discussions with service users concluded the quality of their lives has improved significantly as a result of attendance at Aspen Beacon Centre. Many said the ongoing support from staff and friendships with their peers helps them to maintain good mental health and coping mechanisms.

The overall assessment of this standard shows the quality of care to be compassionate, safe and effective.

Areas for Improvement

No areas for improvement were identified with regards to care plans. This is commendable.

Number of Requirements	0	Number Recommendations:	0
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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? (Quality of Life)

The following corporate policies and procedures were in place:

- Beacon Service User Participation Strategy, The Participation Menu – Revised
- Beacon Member Empowerment policy (dated April 2011)

Standard 18.5 states policies and procedures are to be reviewed systematically on at least a three yearly basis. A recommendation is made about this in the QIP.

Discussions with sixteen service user's, staff and management reflect how service user's are involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector's review of the minutes of service users meetings; annual quality assurance evaluation report; complaints records and discreet observations of staff interactions with service users concluded safe care is delivered in Aspen Beacon Centre.

Several service users expressed some dissatisfaction with some aspects of communication between management and staff in Aspen Beacon Centre and the wider NIAMH organisation. The service users were advised by the inspector to record their areas of dissatisfaction and arrange to meet with the manager to discuss them. The inspector informed the service users that she would share a summary of their areas of dissatisfaction with the manager as part of

the inspection process. The service users specific areas of dissatisfaction were shared with the registered manager at the conclusion of the inspection. The manager was advised to record these in the service's complaints record. Assurances were given by the manager these matters would be appropriately responded to and a recommendation is made in the QIP about this.

Five service users completed RQIA questionnaires regarding their views of the Aspen Beacon Centre. All five questionnaires stated service users were either very satisfied or satisfied the quality of day care provision in the centre is safe, effective and compassionate. One completed service user questionnaire stated the individual is dissatisfied with staffing levels. This was discussed with the new acting manager by telephone on 12 June 2015 (from the beginning of June 2015 the registered manager is temporarily absent from Aspen).

Is Care Effective? (Quality of Management)

Discussions with the manager and review of documentation show NIAMH actively encourage service user involvement in all aspects of their work. There are 'member led' courses promoting involvement from service users and other 'member led' initiatives by Beacon. Several service users informed the inspector they have taken part in these courses and assist in facilitating groups and sessions in other Beacon services. Service users are also involved in the Modernisation of Day Support. There is a carers group that meet throughout the year.

There are bi-monthly service users meetings held, these are held on different days. Service users are encouraged and supported to facilitate and run these meetings. A review of the minutes of four meetings showed these to be user led, qualitative and informative. Discussions with service users conclude there is usually a page on the notice board for individuals to record agenda items. The most recent meeting took place on 13 May 2015. There was evidence that service users views and opinions are sought. The minutes of the meeting did not contain an agenda, the names of who attended and any points identified for action. A recommendation is made about this in the QIP.

The inspector commented positively on the NIAMH Policy Paper on Recovery which discusses how service user's personal recovery journey and fits with the welfare reform agenda. At the time of this inspection NIAMH is working with service users on 'A Members Charter for Recovery'.

In accordance with day care regulations, the Aspen Beacon service is involved in the annual reviews of service user's day care placements. Review of four service user's annual review reports took place during this inspection. This showed the quality of information contained in the reports did not meet all of the relevant areas as stated in standard 15.5. A recommendation is made in the QIP about this.

Annual quality assurance service user questionnaires are distributed in the Aspen Beacon service. The most recent one was undertaken in February 2015, 101 questionnaires were distributed to service users and fifty percent were returned. The questionnaires focused on:

- Service user involvement in decision making
- Are service users put first?
- Privacy, dignity and respect
- Does the support received improve their quality of life
- Finding and maintaining hope
- Taking responsibility and control
- Building a meaningful life

There were no questions on the quality of the classes/programmes or the quality of the environment. This was discussed with the manager and a recommendation is made in the QIP for the service's next annual quality assurance questionnaires to include questions on all areas of the day service provision including the quality of classes/programmes and quality of the environment.

The evaluation report was comprehensive and showed there were high percentages of service user satisfaction with the Aspen Beacon service. However this report was not dated or included if any action/s were needed. A recommendation is made in the QIP for the next quality assurance evaluation report to be dated and include any areas identified for action. Most service users stated they feel very involved in the day to day participation in running the service; members meetings and user led groups. The annual evaluation report stated service users said:

- *"They are life savers".*
- *"I love going to Aspen. Staff are very good to me in every way."*
- *"Very pleased with variety of areas that Aspen offers. Already seeing improvements in my life. This is the first user service that has made me motivated to try and make the most of things and stay with the service as long as required..."*
- *"I am glad I have discovered Aspen and the staff, whom I trust, which isn't easy for me. She makes me feel wanted."*
- *"All the staff are wonderful."*
- *"Aspen staff have always been respectful towards me and especially when I am having a rough time mentally."*
- *"I feel that the service run by Beacon is of a very high standard and doesn't need improved."*

NIAMH also distributed quality assurance questionnaires to seventeen stakeholders, six were returned by social workers, community mental health professionals and community psychiatric nurses. This evaluation report was also not dated.

RQIA Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	8	7
Service Users	8	5

The inspector's review of the questionnaires concluded service users were either very satisfied or satisfied with the quality of care provision in Aspen Beacon Centre. One service user said they were unsatisfied about staffing levels. This identified questionnaire was unsigned. The information was shared with the acting manager for the service on 12 June 2015. There were no qualitative comments recorded on the returned service user questionnaires.

The inspector concludes the quality of care provision in Aspen Beacon Centre is effective, however improvements are needed concerning communication; the minutes of service users meetings and annual quality assurance. Recommendations are made about these areas in the QIP.

Is Care Compassionate? (Quality of Care)

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

Refer to sections 5.5.1 and 5.5.6 for qualitative comments made by service users about the Aspen Beacon day service.

Discussions with sixteen service users conclude they are treated very well and with respect by the manager, staff and volunteers. Most stated the manager and staff go above the call of duty to ensure everyone is treated fairly. It can be concluded the quality of care provision in the Aspen Beacon service is compassionate.

Areas for Improvement

Five areas for improvement were identified as a result of the inspector's examination of this standard. These concerned:

- the areas of dissatisfaction raised by service users
- the minutes of service user's meetings
- annual quality assurance questionnaires and evaluation report
- service user's annual review reports
- systematic review of identified policies and procedures.

Number of Requirements	0	Number Recommendations:	5
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5.5 Additional Areas Examined

5.5.1 Service Users' Views

The inspector met with sixteen service users during this inspection. Most discussions took place with service users in a large group in the dining room, a smaller group in one of the group rooms and individual service user's in the centre's relaxation room. Some of the comments made included:

- *"It gets me out of the house."*
- *"It has definitely helped my anxiety and stops me from being isolated."*
- *"My mental health has really improved since coming here."*
- *"The staff are brilliant, they listen and always make time for you."*
- *"The staff know us well, they know to look at us, by our face or body language if there is something wrong."*
- *"There is great support here from the staff and members. Some of us meet up outside of the centre, I enjoy it."*
- *"I get a lot from the classes, especially ones to help with anxiety and to find ways to cope with things."*
- *"I like the walking group and the armchair exercises."*
- *"There's no pressure about coming here, I enjoy it. It brings me out of myself."*
- *"I feel better coming here."*

Five service users met with the inspector as a group. They raised several areas of concern with the inspector which mainly regard communication within Aspen Beacon Centre and the NIAMH organisation. The service users were advised to put their concerns in writing and ask to meet with the manager to discuss these. All of the areas were shared with the manager at the end of this inspection.

5.5.2 Staff Views

The inspector had discussions with two staff employed in Aspen Beacon Centre. Staff spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff informed the inspector they felt a good quality of day service is provided to service users.

No concerns were expressed.

Seven staff RQIA questionnaires were returned to the care inspector. One qualitative comment was made. The staff member stated:

- *“I feel that there are a wide range of opportunities for service users to be involved in the service they receive and there is a very open communication network between staff and service users.”*

5.5.3 General Environment

The inspector undertook a tour of Aspen Beacon Centre. The environment was appropriately heated and was clean and tidy. There were good housekeeping arrangements in place. There was a range of service user information displayed on walls or notice boards regarding the programmes and activities on offer. The general décor and furnishings were fit for purpose.

The service’s complaints record showed there have been ongoing problems with blockages in the toilet in the disabled bathroom. One service user spoke with the inspector about this. This matter was partially investigated and service users were advised that those non-disabled individuals using this bathroom are encouraged to use the other two toilets. This helped to decrease the frequency of the blockages, however continues to remain a problem. The cause of the disabled toilet failing to drain effectively should be investigated by a competent person and the necessary remedial works carried out. A requirement is made in the QIP about this.

The inspector noted there are no internal pull cord light switches in each of the three toilets. The light switches are on the outside wall of the disabled bathroom, male and female toilets. Several service users raised this as an issue and stated there are occasions when they are using the toilet or bathroom and someone accidentally turns the switch off. In order to prevent accidents, the registered persons must install internal pull cord light switches in each of the toilets to replace the existing external switches. All electrical work should be carried out by a competent electrician. A requirement is made about this in the QIP.

One of the two spotlights in the disabled bathroom was not working and the toilet seat is not secure. A recommendation is made in the QIP for these matters to be fixed.

5.5.4 Accident/Incident Reports

The inspector reviewed three accident and incidents reports since the previous inspection. These were being maintained in accordance with regulation 29.

5.5.5 Complaints

One complaint had been recorded since the service’s last inspection. This concerns the disabled bathroom and it is the inspector’s opinion this was partially investigated because the origin of the problem has not been found. The manager informed the inspector the waste pipes may need to be replaced. The problem continues to be unresolved and a requirement is made in the QIP for this matter to be fully investigated and the necessary remedial works must be carried out.

Discussions with service user’s conclude they are aware of NIAMH’s complaints process. Service users in the large group who met with the inspector said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Five service users met with the inspector as a group. They raised several areas of concern with the inspector which mainly regard communication within Aspen Beacon Centre and the NIAMH organisation. The service users were advised to put their concerns in writing and ask to meet with the manager to discuss these. All of the areas were shared with the manager at the end of this inspection. A recommendation is made in the QIP to record these areas of dissatisfaction in the service's complaints record. These must be investigated by management and records of same made in the complaints record. Assurances were given by the manager the issues raised would be investigated.

5.5.6 Compliments

There were many compliments and thank you cards received by the Aspen Beacon service. Nine of these were reviewed during this inspection. One of the completed feedback leaflets stated:

- *"staff at Aspen are well trained and that I was grateful that a staff member went with me to AMH (action mental health) to see about courses outside of Aspen. And this is something I would have done myself."*

5.5.7 Service users care files

The inspector reviewed four service user's care files. None of these contained a recent photograph of the service user despite permission being recorded stating the individual agreed to a photograph being taken. A requirement is made in the QIP about this. If the service user wishes not to have a photograph in their care file, this must be stated. This matter was discussed several years ago during a previous inspection of the service because there were no service user photographs in the care files examined at that time.

5.6 Areas for Improvement

Five areas for improvement was identified regarding these additional areas examined. These matters concern:

- the disabled bathroom and toilets
- complaints record
- service user's photographs.

Number of Requirements	3	Number Recommendations:	2
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Josephine Moran, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 26(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 21 June 2015</p>	<p>The registered persons must ensure the cause of the disabled toilet failing to drain effectively is investigated by a competent person and the necessary remedial works carried out. The completed returned QIP must state the action taken to resolve this matter.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Referred to Niamh Corporate Services by 19th June, D&S Contracts investigated on 24th June. D&S stated that "he could not find any problem with the toilet itself or the plumbing of the toilet. He checked external drains and all seemed to be flushing as normal. The reason for blockage may be a potential problem with the drainage in that particular area." This will continue to be monitored and should the problem occur again, we will liaise with our neighbours to confirm the problem is area specific and not single site specific. Thereafter this will be reported to NIWater.</p>
<p>Requirement 2</p> <p>Ref: Regulation 14(1)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 21 August 2015</p>	<p>The registered persons must ensure internal pull cord light switches are installed in each of the toilets to replace the existing external wall switches. All electrical work should be carried out by a competent electrician. The completed returned QIP must state the action taken.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All works were carried out by N.B. Electrical Services (NI) Limited on 30th June 2015</p>
<p>Requirement 3</p> <p>Ref: Regulation 19(1)(a)</p> <p>Stated: Second time</p> <p>To be Completed by: 10 July 2015</p>	<p>The registered manager must ensure service user's care files contain a recent photograph of the service user. If the service user wishes not to have a photograph in their care file, this must be stated.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All service user files have been reviewed and those who had previously agreed to have a photograph and whose file did not contain one, now have a photograph included. If a service user does not wish to have a photograph in their file, this is stated.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 21 May 2016</p>	<p>The registered persons must ensure the Aspen Beacon service users' annual quality assurance evaluation report:</p> <ul style="list-style-type: none"> (a) is dated (b) covers all areas of the day service and should include the quality of the classes/programmes and the environment (c) includes the outcomes of the actions taken as a result of the service's previous collated quality assurance questionnaires (d) 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>Response by Registered Person(s) Detailing the Actions Taken: The annual quality assurance evaluation report, to be completed before the end of May 2016 will include the all the recommendations above.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To be Completed by: 21 August 2015</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> <p>Response by Registered Person(s) Detailing the Actions Taken: Niamh are currently preparing for the ISO 9001 assesment which involves a review of all organisational policies and procedures. During this process all policies and procedures will be reviewed and those applicable will updated in line with current regulations.</p>
<p>Recommendation 3</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered persons must ensure service user's annual review reports contain all of the information stated in standard 15.5.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Service User's annual review report has been updated by the organisation and will be in action by end of July, in the meantime staff will ensure that all annual review reports will contain all information required.</p>

<p>Recommendation 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and Ongoing</p>	<p>The registered manager must ensure the minutes of service users meetings contain:</p> <ul style="list-style-type: none"> (a) an agenda (b) summary of discussions (c) identified action points and who is responsible with time frames (d) the next minute of the meeting must reflect the action taken from the previous meeting. 		
<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>This has commenced and will be continued</p>			
<p>Recommendation 5</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be Completed by: 10 June 2015</p>	<p>The registered manager is to record in the service's complaints record all of the identified issues of dissatisfaction and concern raised by service users during the inspection. These matters are to be investigated by management and records of same made in the complaints record.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Following the RQIA inspection the registered manager spoke with the members who had raised the issues of dissatisfaction and concern. These members have stated that they did not want the issues raised as a complaint. This was followed up with members by a service manager on 30th June and he stated that "all recent issues dealt with particularly in relation to RQIA visit."</p>		
<p>Recommendation 6</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be Completed by: 10 June 2015</p>	<p>With regards to the disabled bathroom, in order to prevent an accident, the registered persons must :</p> <ul style="list-style-type: none"> (a) replace the identified spotlight bulb (b) ensure the toilet seat is secure and does not wobble. <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Completed on 22nd May 2015</p>		
<p>Registered Manager Completing QIP</p>	<p>Hanora Raflewski</p>	<p>Date Completed</p>	<p>10th July 2015</p>
<p>Registered Person Approving QIP</p>	<p>Billy Murphy</p>	<p>Date Approved</p>	<p>15/07/2015</p>
<p>RQIA Inspector Assessing Response</p>	<p><i>haise kelabe</i></p>	<p>Date Approved</p>	<p>22/7/15</p>

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