



The Regulation and
Quality Improvement
Authority

Mountfern Centre
RQIA ID: 11125
6 Rugby Avenue
Coleraine
BT52 1JL

Inspector: Louise McCabe
Inspection ID: IN23724

Tel: 02870347878
Email: mountfern.centre@northerntrust.hscni.net

**Unannounced Care Inspection
of
Mountfern Centre incorporating 'Montra Centre' &
'Mountfern Annexe'**

20 and 21 January 2016

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

1. Summary of Inspection

An unannounced care inspection took place on 20 and 21 January 2016 from 10.15 to 16.30 on both days. 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 resulted/did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	5

The details of the QIP within this report were discussed with Mr Michael Bacon, acting manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust/Dr Anthony Baxter Anthony Baxter	Registered Manager: Mr Michael Bacon (currently acting as manager. His application form for registered manager has been received by RQIA and is currently being processed).
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Michael Bacon	Date Manager Registered: 31 March 2012
Number of Service Users Accommodated on Day of Inspection: Mountfern Centre on 20 and 21 January 2016 = 48 and 51 Montra Centre on 20 and 21 January 2016 = 12 and 13 Mountfern Annexe on 20 and 21 January 2016 = 11 on both days.	Number of Registered Places: 90

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 themes have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

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

4. Methods/Process

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

Prior to the inspection, the following records were examined:

- The registration status of the service
- Written and verbal communication received since the previous care inspection
- The returned quality improvement plan (QIP) and it's report from the care inspection undertaken in the previous inspection year.

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

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 we met and had discussions with a total of 24 service users over the two day inspection, 17 service users in Mountfern Centre, seven individuals in the Montra Centre satellite unit and one service user in Mountfern Annexe on 21 January 2016. Most discussions took place in small groups of approximately four, three or two service users and had individual discussions with six individuals. We met with a total of eight staff which consisted of a group of three care staff and individually with five staff and three carers/relatives.

The following records were examined during the inspection:

- The complaints and compliments record (no complaints had been recorded since the previous care inspection).
- Three accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Five service users care files
- Service users annual quality assurance report
- Three monthly monitoring reports.

Following the inspection eight staff questionnaires and nine service user questionnaires were received and analysed by us.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 09 June 2015. The completed QIP was returned and approved by the estates inspector.

The areas to be followed up on during this inspection concerned:

- a) The outcome of the estates requirement on 09 June 2015 for the flooring in the intensive support unit (ISU) to be made good. New non slip flooring had recently been laid and the service users and staff returned to their group room on 21 January 2016.
- b) The acting manager of Mountfern Centre incorporating the Montra Centre and Mountfern Annexe has submitted his completed registered manager application to RQIA. This is currently being processed by the registration team.
- c) The acting manager submitted a variation application form to RQIA requesting the Challenging Behaviour satellite unit is renamed as the Mountfern Annexe. This was processed by the registration team and a new certificate of registration was issued by RQIA.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 5(1)	The registered person should review and revise the Service User Guide, so that it is as accessible as possible to service users. Alternative formats may be necessary.	Met
	Action taken as confirmed during the inspection: Mountfern Centre's Service Users' Guide was reviewed; the language was modified to make it easier to read. It contains colour pictures and Makaton symbols.	
Requirement 2 Ref: Regulation 19(1)(a)	The registered person shall ensure that a recent photograph of each service user is kept in his or her records. Only good quality photographs should be used.	Met
	Action taken as confirmed during the inspection: Five service user's care files were randomly sampled during this inspection. They all contained an up to date colour photograph of the service user.	

Requirement 3 Ref: Regulation 26(2)(a)	Toilet cubicles for use by service users in wheelchairs must be of a suitable size to allow privacy and ease of access. (Ref: discussion with the manager)	Met
	Action taken as confirmed during the inspection: The manager confirmed service users using wheelchairs now access other bathrooms of an appropriate size in the main centre.	

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

Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff. Discussions with care staff concluded they are aware of how to access policies and procedures.

The policy and centre's internal procedures defined personal and intimate care and gave guidance to staff involved with service users who had assessed continence needs.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users able to converse concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserved their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Observations of service users facial expressions, body language and behaviours in the intensive support unit concluded they were comfortable and at ease with staff.

Discussions with care staff confirmed they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal needs.

Observation and service users' feedback confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of those individuals who attend. There are also sufficient numbers of toilets and bathrooms. Staff have received training and information in continence management in June 2015 and infection prevention and control in August 2015.

On the day of inspection staff were observed to be confident in carrying out their duties. These duties were carried out in an organised unhurried manner. Discussions with staff confirmed that they were able to demonstrate an understanding of individual's assessed needs.

Service users able to converse reported that they felt safe in the day centre. Staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

On the day of this inspection, it can be concluded care was safe in Mountfern Centre incorporating Montra Centre and Mountfern Annexe.

Is Care Effective?

Staff confirmed service users bring in their own continence protection from home. This is retained by the service user or stored in a cupboard in the bathroom for use when needed.

The inspector sought verbal permission from service users to inspect care records during this inspection. The care records inspected confirmed that continence care needs are discussed as part of the core assessment completed on admission. Should a service user's continence needs change, their respective assessment and care plan is updated. Where there is an assessed need for continence care, the support and assistance needed from staff was recorded in the service user's respective care plan. Risks were highlighted and the management of these risks recorded.

A review of the environment confirmed a number of bathrooms were available to meet the assessed needs of the service users. Staff confirmed that a sufficient supply of personal protection equipment is available to them. Hand washing dispensers were also available throughout the centre. Discussion with care staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Discussions with care staff also concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users have a preference regarding the bathroom they use.

Five service user's assessments and care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. The assessments and care plans of two service users met standards 4 and 5, were dated and signed by all relevant parties.

Care plans were reviewed by staff with service users on a systematic basis or when changes occur. Care plans were person centred, comprehensive and mostly reflective of the individual's needs. Two of the five care plans reflected where appropriate:

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

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

The personal care and continence promotion section of three identified service user's care plans need to be updated to more fully reflect the specific support, assistance or supervision needed. This was discussed with the acting manager and identified care staff. A discussion took place with a senior day care worker about an identified service user's continence support needs. With regards to promoting service users independence and dignity in the area of continence, the acting manager should ensure his/her continence needs are reviewed. The outcome of this review should be recorded and the care plan updated as appropriate.

A discussion took place with the acting manager that when changes are made to service user's care plans, these need to be re-signed by the service user or their representative, the staff member reviewing it and the manager. In summary there are two identified areas for improvement regarding the quality of information in service user's care plans.

On this occasion there was evidence to confirm that continence care and promotion provided in Mountfern Centre incorporating the Montra Centre and Mountfern Annexe was effective.

Is Care Compassionate?

Staff interaction with service users was observed throughout the inspection as polite, friendly, warm and supportive. Staff discussed with the inspector the importance of meeting service users' continence care in a respectful, sensitive and dignified manner. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate. During periods of observation it was noted that continence care was undertaken in a discreet private way.

Discussions took place with a total of 24 service users, mostly in small groups around tables in the dining room or their group rooms and individually with several others. Service users able to converse said staff were kind, patient, sensitive and respectful if they needed support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

On this occasion there was evidence to confirm that continence care and promotion provided in the centre was compassionate.

RQIA Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	3 Mountfern Centre 2 Montra Centre 3 Mountfern Annexe	3 Mountfern Centre 2 Montra Centre 3 Mountfern Annexe
Service Users	5 Mountfern Centre 2 Montra Centre 2 Mountfern Annexe	5 Mountfern Centre 2 Montra Centre 2 Mountfern Annexe

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. No qualitative comments or areas of concern were recorded.

Most of the completed staff RQIA questionnaires stated they were either very satisfied or satisfied with:

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

One staff had recorded he/she had not received training on how to report poor staff practice and whistleblowing. One staff recorded he/she was unsatisfied regarding mental health/ mental illness e.g. dementia etc.

Two staff recorded they were unsatisfied and very unsatisfied in their responses to the following question: “Are you satisfied service users receive timely support from the multi-disciplinary team e.g. behaviour team; continence advisor; occupational therapist; speech and language therapist; community nurse; doctor, dietician etc?”

One staff recorded he/she was unsatisfied in their response to the following question: “Are you satisfied the centre’s environment is appropriate in meeting service users’ care, health and welfare needs?” The staff stated: “the reason for choosing this is because the garden does not meet service users’ needs e.g. wheelchair accessibility - not level – fencing not in place”.

One staff recorded he/she was unsatisfied in their responses to the following questions:

- “Are you satisfied service users are afforded privacy, dignity and respect at all times?”
- “Are you satisfied service users are encouraged to retain their independence and make choices?”
- “Are you satisfied care provided is based on individual service user’s needs and wishes?”
- “Are you satisfied service users are involved in and given opportunities to influence the running of the centre?”

This information was shared with the acting manager by telephone and email on 09 February 2016 and assurances were given to RQIA these matters would be responded to.

The overall assessment of this standard showed the quality of care to be compassionate, safe and effective in Mountfern Centre incorporating Montra Centre and Mountfern Annexe.

Areas for Improvement

There were three identified areas for improvement needed regarding RQIA’s review of standard 5. These concern:

1. Review of an identified service user's continence needs as per discussion with senior day care worker and manager.
2. Review of the continence support section of identified service user's care plans so that the information fully reflects the individual's needs and how staff provide support and assistance.
3. Responding and addressing the areas raised by staff in completed RQIA questionnaires.

Number of Requirements:	0	Number of Recommendations:	3
--------------------------------	----------	-----------------------------------	----------

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?

A range of policies were available to promote service users involvement in the day centre and each policy sets out the principles for involving service users to ensure they have an active role in the service delivery.

Review of the complaints records found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately.

Service users confirmed that they felt comfortable to raise any issues of concern with the manager or staff. They also confirmed these would be appropriately dealt with.

Five care plans inspected provided evidence that service users were encouraged to be involved in the planning of their care and, where possible actively participate in their annual care reviews.

Discussions with 24 service users able to converse, eight care staff and three relatives reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions.

Review of the environment and discreet observations of staff interactions with service users concluded safe care was delivered in Mountfern Centre and its two satellite units during the inspection.

Is Care Effective?

Discussions with the acting manager, 24 service users, eight care staff and three carers and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained for example: informal discussions with staff, service user meetings; annual quality assurance surveys and their annual review of their day care placement.

Discussions with three staff concluded service users' meetings are held on a monthly basis. The minutes of three service users meetings which had taken place in June, September and

October 2015 were examined. These were qualitative, informative and reflected who attended, an agenda, a summary of discussions and the action needed.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. Four of the five review reports contained either the service user's or their representative's views and opinions of the day service. These were all very positive and complimentary about the quality of the Mountfern Centre service. The annual review report of an identified service user with no verbal communication based in one of the satellite units did not contain his/her views and opinions of the day service nor that of their carer/representative. Minimum standard 15.5 was discussed with the senior day care worker and day care worker in the satellite unit and also with the acting manager. Assurances were given the annual review report template would be amended to reflect the views and opinions of the service user or their representative and all of the matters specified in standard 15.5.

The culture in the centre also supports the wellbeing of service users, enabling them to feel valued and promoting and supporting their engagement and participation in the running of the service. Some of the service users who took part in group discussions confirmed that they were involved in discussions about what took place in the centre. All comments received from service users were very positive.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to service users and their representatives in May 2015. The evaluation report was qualitative and informative and meets standard 8.4 and 8.5.

Complaints

There were no complaints recorded in the centre's complaints record since the previous care inspection.

Discussions with service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Compliments

The acting manager said the day service has received compliments since the centre's previous care inspection and said he would ensure these are collectively retained and made available for inspection. The acting manager emailed RQIA a sample of the compliments received in the last year. These were in the form of thank you cards or positive comments made by service users, their carers or family members complimenting staff on their attitude, work and support.

Monthly Monitoring Reports

Three monthly monitoring reports were reviewed during this inspection. The monthly monitoring reports of September, November and December 2015 reflected the views and opinions of an average of five service users and a carer on each visit. The reports were qualitative and informative and meet regulation 29 and minimum standard 17.10.

On this occasion it can be concluded the quality of care provision in Mountfern Centre and its two satellite units was effective.

Is Care Compassionate?

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

Discussions with a total of 24 service users, individually or in groups of two or three around tables in the dining room or their group room over the two day inspection. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users about the main Mountfern Centre included:

- "It's good here, I like all my friends. Everything is as good as gold here. There's no slacking here. My friend is very good at pool".
- "The centre is very good to me and the staff are good. There's nothing that I don't like here. I've made good friends".
- "I enjoy coming here and meeting up with my friends and playing pool. I'm happy here."
- "It's absolutely fantastic here. We get out on days out. If it wasn't for this place, I'd be stuck at home. I love it and I love the workshop and all my friends. We stick together. I enjoy ten pin bowling".
- "I like it here a lot. I come four days a week and I especially like playing pool. My friend is seven times champion!".
- "I just like this place, especially the friends I've made".
- "I love it and playing pool. The food is lovely and the staff are nice".
- "It's ok here, I like helping people, giving out tea and helping out the kitchen staff. I like the craft work".
- "I like coming here and going out on the bus".
- "I come four days a week, it gets me out. I like the pool and I'm in the pool team".
- "I like it here and would talk to my mum and sister if there was something that I didn't like".
- "I like my friends here and drawing. I like my work placement on Thursdays".

One identified service user in the main centre said he/she did not want to be in the centre, they wanted a job as a car sales person. This information was shared with the acting manager who replied both he and staff were aware of the service user's aspirations. Assurances were given that liaison with the service user and other relevant parties would take place in an effort to address the individual's wishes.

A sample of comments made by service users attending the Montra Centre satellite unit included:

- “It’s great, the place is good and we get good treats. We are looked after well”.
- “I love it here and I’m treated with respect. I couldn’t ask for better”.
- “I’m very happy coming here, it’s a good place and gets me out of the house”.
- “Well, I’ve been in three other different centres. I feel this one is the best one and I’d like to stay here. I would like to get a job helping to sort out clothes. I don’t want anymore responsibility here”.
- “Sometimes the days can be long and I can be bored sometimes”.

The comments made by two identified service users in the satellite unit were shared with the acting manager. Assurances were given staff would meet individually with both service users in attempts to improve the quality of their day care experience.

On this occasion it can be concluded the quality of care provision in Mountfern Centre incorporating Montra Centre and Mountfern Annexe was safe, effective and compassionate.

Areas for Improvement

Two areas were identified for improvement as a result of examination of this standard. This regarded the annual review of service user’s day care placement and the annual review report and one recommendation will be made regarding this.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Three accident and untoward incident forms were randomly sampled during this inspection. With the exception of one identified incident, the service’s accident and untoward incident records examined were being maintained in accordance with regulation 29.

During a visit to one of the satellite units, an identified service user’s care file was randomly sampled. RQIA had not been informed of an incident which occurred earlier this month. A discussion took place with the senior day care worker and manager about regulation 29 and RQIA’s revised guidance to providers on reportable accidents and untoward incidents to RQIA. The acting manager was asked to retrospectively forward a notification form to RQIA regarding the identified incident. This is an area for improvement.

5.5.2. Environment

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained.

New flooring had recently been fitted in the intensive support room in the previous week. Service users and staff had been using another room in the centre whilst the work was being completed. They returned to their group room on the second day of this inspection.

A new overhead hoist had recently been installed in one of the rooms adjacent to the intensive support and an 'Acheeva' support bed purchased. The day care worker said the room will be painted in the near future. Observations of service user's facial expressions and body language reflected individual's were happy to have returned to their group room.

Shelves of open storage were observed in an identified bathroom. These contained boxes of personal protective equipment (PPE) and containers of cream, wash solution. A discussion took place with the day care worker about closed storage in this area. This is an identified area for improvement.

A discussion took place with another identified care staff who said his/her group of service users' would benefit from additional storage in their group room. This had been raised with the manager on two occasions and a works request had been made to the Trust's estates department, however this has not yet been provided. Management and staff are asked to review storage throughout the centre.

Improvements are needed with regards to the safety of service users utilising the garden area of the Mountfern Annexe. Several years ago severe winds destroyed the wooden fencing around the periphery of the garden. The Trust's Estates Department subsequently erected a temporary replacement metal fence. Paving slabs in this area had also become loose and were a tripping hazard. The manager submitted a minor works request to the Trust's Estates Department to replace the temporary fence and concrete an identified area to make it more user friendly for service users in wheelchairs or those with mobility difficulties. The monthly monitoring reports from September 2015 to January 2016 have all highlighted concerns and issues regarding the Mountfern Annexe garden and the Acting Learning Disability Day Services Manager (Buildings Based) has liaised with the Estates Department. This work remains outstanding and is an identified area for improvement.

5.5.3. Areas for Improvement

Two areas for improvement were identified as a result of the examination of additional areas. This concerned:

1. Notifications of incidents to RQIA.
2. Review of storage throughout the main Mountfern Centre.
3. The Mountfern Annexe garden.

Number of Requirements:	2	Number of Recommendations:	1
--------------------------------	---	-----------------------------------	---

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Michael Bacon, acting 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 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 home/agency/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	
<p>Requirement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be Completed by: 22 January 2016</p>	<p>The acting manager must ensure RQIA is notified of accidents and untoward incidents as per discussion during this inspection.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Manager will ensure RQIA is notified of accidents and untoward incidents following Day Care minimum standards. Reporting procedures discussed with senior staff emphasizing the importance of following Trust Policies and Procedures.</p>
<p>Requirement 2</p> <p>Ref: Regulation 26(2)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 30 May 2016</p>	<p>With regards to the safety of service users using the Mountfern Annex garden, the registered person must ensure the temporary fencing (from several years ago) is replaced and the garden area made good for wheelchair service users or those who have mobility difficulties.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Minor works forwarded to Estates and issue discussed with James Archer, Estates operational Building Manager. Outside contractor has been out (07.03.16) and has priced the work needed with a view to it being passed by Estates and funding agreed.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>With regards to promoting service user's independence, dignity in the area of continence, the acting manager should ensure the identified service user's continence needs are reviewed. The outcome of this review should be recorded and the care plan updated as appropriate.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Day Care Staff and Annexe have contacted Nursing Manager regarding reviewing continence needs and setting up of review, this was also discussed at the Service Users review on Wednesday 17th February 2016.</p>
<p>Recommendation 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be Completed by: 23 February 2016 for (a) and 30 April 2016 for (b)</p>	<p>The acting manager should ensure:</p> <p>(a) The identified service users' care plans are reviewed to ensure the personal care section fully and accurately reflects their personal care and continence needs.</p> <p>(b) When care plans are updated, they are re-signed by the staff member completing it; the service user or their representative and the manager in a timely manner.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: (a) Care plans of those Service users with continence care needs have been reviewed and updated accordingly. (b) All updated Care plans have been signed and dated by all staff, the</p>

	service user or their representative.
--	---------------------------------------

<p>Recommendation 3</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016 for (a) and 22 January 2016 for (b)</p>	<p>The acting manager should ensure:</p> <p>(a) The identified service user has an annual review of his/her day care placement as soon as is possible.</p> <p>(b) The annual review reports completed with service users in the Mountfern Annexe should reflect all of the matters specified in minimum standard 15.5.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The identified service user had an annual review on 17th February 2016 and we will ensure that the Service user or their representative's views and opinions are included in all future reviews in accordance with minimum standard 15.5.</p>
<p>Recommendation 4</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016 for (a) and 30 June 2016 for (b)</p>	<p>The acting manager should ensure:</p> <p>(a) Closed storage is provided in the identified bathroom in the intensive support unit.</p> <p>(b) There is a review of storage in each group room in the centre. The completed QIP should specify the outcome of this review and the action to be taken with timescales.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Minor works completed and issue discussed with Estates officer, James Archer, outlining the importance of closed storage space in the Support Unit. I also confirmed with him that we were following Trust protocols and Procedures under Infection Control.</p> <p>Detailed review of storage space will take place for each room in the Centre with advice and guidance given to each room. Any work needed as a result of this review will be forwarded to Estates Services.</p> <p>A Minor Works order has been submitted regarding the issues around the garden area outside the Intensive Support Unit, this has already been priced by an outside Contractor so the work shouldn't take too long.</p>
<p>Recommendation 5</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be Completed by: 10 March 2016</p>	<p>The acting manager should respond and address the issues of dissatisfaction recorded by identified staff members in completed RQIA questionnaires. The acting manager is asked to email RQIA with an update of the action taken regarding the above.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: As part of a Closure/Training Day on Thursday 25th February, all staff had a safeguarding awareness session from PSNI. where Whistleblowing was covered in detail. I will try to organise Whistleblowing Training for staff individually or as part of a Closure Day. I have also contacted Social Services Training</p>

	<p>Team regarding providing this training.</p> <p>I have emailed RQIA regarding some of the other issues that were recorded in the Staff Questionnaire.</p>		
Registered Manager Completing QIP	Michael Bacon	Date Completed	8/3/16
Registered Person Approving QIP	Dr Tony Stevens	Date Approved	30/03/16
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	04/04/16 Follow up needed re. requirement 2 and recommendations 1 and 4. Emails sent on 04/04/16 regarding these matters.

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