



The **Regulation and  
Quality Improvement  
Authority**

**Rathmoyle Resource Centre  
incorporating 'Sheskburn House'  
RQIA ID: 11188  
6 Mary Street  
Ballycastle  
BT54 6QH**

**Inspector: Louise McCabe  
Inspection ID: IN23710**

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**Unannounced Care Inspection  
of  
Rathmoyle Resource Centre incorporating 'Sheskburn  
House'**

**21 October 2015**

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

## 1. Summary of Inspection

An unannounced care inspection took place on 21 October 2015 from 10.15 to 16.45. 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	5

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Ms Patricia Brown
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Ms Patricia Brown	<b>Date Manager Registered:</b> 30 November 2012
<b>Number of Service Users Accommodated on Day of Inspection:</b> 32 in Rathmoyle Resource Centre 7 in Sheskburn House satellite unit	<b>Number of Registered Places:</b> 55

## 3. Inspection Focus

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

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

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

#### **4. Methods/Process**

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.

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 15 service users, two carers and had discussions with four care staff.

The following records were examined during the inspection:

- Complaints record (none recorded) and two compliments
- Three accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of five service user's meetings
- Five service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

#### **5. The Inspection**

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

The previous inspection of the day service was an unannounced care inspection dated 16 October 2015. 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 Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 4(1)	The registered person shall ensure that the statement of purpose provides clear and accurate information on the identity of the registered person, in accordance with Regulation 8(2)(c).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Rathmoyle Resource Centre's statement of purpose includes information on the registered person as required by regulation 4(1).	
<b>Requirement 2</b> Ref: Regulation 20(1)(c)(iii)	Any staff who have responsibility for supervision and appraisal of others should be trained appropriately for their roles.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed care staff received training appropriate to their role and responsibility. Three day care workers completed appraisal training on the 30 April 2015 and two care staff completed supervision training on the 10 September 2015. The manager is scheduled to receive Knowledge Skills and Framework (KSF) training on 22 January 2016 and her and a day care worker are due to complete supervision training in 2 February 2016.	
<b>Requirement 3</b> Ref: Regulation 20(1)(a)	The registered person shall ensure that all staff are suitably qualified for their roles and responsibilities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager stated in the previous QIP that a care staff member commenced QCF Level 2 in February 2015.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 6.8	It is recommended that each person's care plan and review report should contain a section for the identification and consideration of any restrictive practice matters that may apply, including agreeing that any intervention used is proportionate to the risk of harm.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The care plan and annual review report were reviewed and amended to include a section on restrictive practice matters.	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 9.9	Programmes of activities and the records of those activities, including photographic records should be made available in appropriate locations so that service users can access them.  <b>Action taken as confirmed during the inspection:</b> The manager stated in the previous QIP; all photographic celebrations of events for service users' are retained in a centralised file so that individuals can easily access these.	<b>Met</b>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 22.2	The registered person should ensure that staff have recorded individual, formal supervision sessions no less than every three months.	
	<b>Action taken as confirmed during the inspection:</b> Discussions with four care staff concluded they receive recorded individual, formal supervision on a three monthly basis.	<b>Met</b>

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

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.

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 and two carers reflected a person centred approach was used with service users.

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 verbally communicate concluded staff were discreet when approaching them to provide support and assistance. Staff 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. No issues were raised.

On this occasion it can be concluded care was safe in Rathmoyle Resource Centre and Sheskburn House.

#### Is Care Effective?

Five service user's care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. Care plans were reviewed by staff with service users on a systematic basis or when changes occur. The statement of purpose details an overview of the information that should be included in a service user's care plan.

Discussions with two carers and four care staff 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. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Review of five service user's care plans showed these to be person centred, comprehensive and mostly reflective of the individual's needs. However, improvements were needed to ensure the personal care/continence sections in care plans fully reflect the service user's needs and preferences. Where relevant, the revised care plans should reflect:

- How the service user is approached
- The language used by staff
- 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.

Three of the five service user's care plans need to be reviewed and updated; one to accurately reflect the number and days the service user attends the satellite unit; two of the five care plans had not been signed by the manager and there was no evidence another identified care plan had not been reviewed since 17 February 2014. These are areas for improvement, however it can be concluded on the day of the inspection care was effective in Rathmoyle Resource Centre and Sheskburn House.

### **Is Care Compassionate?**

Discreet observations of care practices and discussions with two carers found that service users were treated with sensitivity, friendliness, care and respect. 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.

Discussions took place with a total of 15 service users, mostly in small groups around tables in the dining room and in Sheskburn House and individually with others. Service users said staff were 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. It can be concluded on this occasion care was compassionate in Rathmoyle Resource Centre and Sheskburn House.

## 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	3
Service Users	7	5

Review of completed questionnaires evidenced all of the service users were very satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre.

The following qualitative comments were made by service users in Sheskburn House:

- "They look after me well"
- "I can say to the staff and they will take me aside if I want to talk privately"
- "Very helpful".

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 member said he/she was unsatisfied that service users do not receive timely support from the Trust's continence advisor. With regards to the question concerning the provision of equipment being obtained in a timely manner to meet assessed service user's needs; two staff stated they were unsatisfied and one recorded this is due to "budget constraints." Another staff member stated: "funding issues for a chair for a client has been refused, still trying to seek other sources of funding."

Another staff member stated they were unsatisfied with the training provided concerning reporting poor staff practice and whistleblowing. The staff member also stated he/she was unsatisfied that service users are not afforded privacy, dignity and respect at all times. The manager of Rathmoyle Resource Centre was requested to respond to these areas of concern and assurances were given by her that these matters would be addressed by the Trust.

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

## Areas for Improvement

One identified area for improvement is needed regarding RQIA's review of standard 5. This concerns the review of service user's care plans.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	1
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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?**

The day service has corporate Trust policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff.

Discussions with 15 service users, two carers, four staff and the manager 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 minutes of service users meetings and discreet observations of staff interactions with service users concluded on the day of this inspection safe care was delivered in Rathmoyle Resource Centre and Sheskburn House.

##### **Is Care Effective?**

Discussions with the manager, 15 service users, two 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: there is a suggestion box; informal discussions with staff, service user meetings; annual quality assurance surveys and their annual review of their day care placement.

Rathmoyle Resource Centre and Sheskburn House's service users' meetings occur very two months. The minutes of five service users meetings which had taken place from June to October 2015 showed these were qualitative and informative. There was evidence that service users views and opinions are sought and form the basis of all discussions. The minutes contained an agenda, the names of the service users who attended, a summary of discussions but do not contain if action is needed, timeframes for same and who is responsible. This is an identified area for improvement.

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. These reflected the views and opinions of service users able to verbalise these; however improvements are needed regarding recording the views and opinions of individuals who have no speech. A discussion took place with the manager about how care staff communicate with individuals who have no speech. Staff should ensure the views and opinions of the service user's carer or representative are included. This is an identified area for improvement.

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 40 service users and their representatives in October 2015, 25 completed questionnaires were received. The survey asked questions about:



- Transport arrangement/journey times
- Rooms/groups
- Information received from centre
- Queries/concerns about the quality of the service
- The lunch meal
- Quality of care
- Are your views/opinions listened to?
- Are you happy with the activities?
- Any new facilities/activities you would like?

An evaluation report had been completed, it was informative and qualitative and a summary of comments were included. There were no areas for improvement identified.

### **Complaints**

The complaints record of Rathmoyle Resource Centre incorporating Sheskburn House was reviewed during this inspection. There were no complaints recorded in the complaints record since the day service's previous care inspection.

The manager was advised to record and respond to the identified service user's area of dissatisfaction reported to RQIA during this 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**

Two compliments had been recorded in the centre since previous inspection. These were in the form of thank you cards from a carer and a community group who used the centre out of hours and were positive and complimentary about the day service.

### **Monthly Monitoring Reports**

Three monthly monitoring reports from July, August and September 2015 were reviewed during this inspection. The monthly monitoring reports were qualitative and informative and reflected the views and opinions of service users and their carers/representatives.

It can be concluded on the day of this inspection the quality of care provision in Rathmoyle Resource Centre and Sheskburn House 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 15 service users, individually or in groups of two occurred during this inspection. A number of service users were unable to verbally communicate with the care inspector but observations of their facial expressions; body language and behaviour indicated

they were comfortable and at ease in the centre. Observations of interactions between service users and care staff reflected they were treated with respect and kindness.

Service users in Sheskburn House informed the inspector staff frequently ask them for their views and opinions about different aspects of the satellite service.

A sample of the comments made by service users about the day service included:

- “The centre is brilliant, I’m happy with everything. I’ve no complaints”
- “It gets me out of the house and away from looking at four walls. I enjoy it here”
- “I love the craic and meeting my friends here”
- “The staff are good to us. They listen to us”
- “I enjoy coming here, we do lots of things”
- “I love getting out on the bus, especially the circus group and shopping”
- “I like the horse riding and going out to cafes”.

One service user in Sheskburn House satellite unit informed the inspector they were unhappy at having to move out of the main council building and into one of the portacabins in the grounds because of the childrens’ summer scheme. A group of service users previously raised this a complaint approximately two years ago. Senior line management in the Trust have been responding to this but alternative accommodation has not yet been reached. This is an identified area for improvement. No other concerns were raised by service users.

It can be concluded the quality of care provision in Rathmoyle Resource Centre and Sheskburn House was safe, effective and compassionate.

### Areas for Improvement

Three areas for improvement were identified as a result of examination of this standard. These regarded:

1. The minutes of service user’s meetings.
2. Service user’s annual review reports.
3. Recording and responding to service users’ concerns and complaints.

<b>Number of Requirements</b>	0	<b>Number Recommendations:</b>	3
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## 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 an untoward incident which occurred in June 2016; the day service’s accident and untoward incident records were being maintained in accordance with regulation 29. A requirement is made in the QIP for the manager to notify RQIA of accidents and incidents as per RQIA’s revised provider guidance.

### 5.5.2 Management and Control of Operations

A discussion took place with the manager during this inspection about staff receiving telephone calls from carers on the centre's telephone which is based in the office and is not portable telephone. The Trust is asked to review these current arrangements.

Two care staff in Sheskburn House said they have no computer or laptop system in the satellite unit. This has been discussed with the manager and senior line management in the Trust. Having a computer or laptop in the room used by service users would enable them to develop their skills and provide staff with the means of completing or updating service user's care plans and other care records. Having internet access would also enhance communication between management and staff in Rathmoyle Resource Centre and Sheskburn House.

### 5.5.3 Completed staff RQIA Questionnaires

Five completed staff RQIA questionnaires were received by RQIA. Two staff members stated they were very unsatisfied about several areas. These areas concerned: the satellite environment (Sheskburn) not being appropriate in meeting service user's care, health and welfare needs. One staff member stated we are: *"currently based in a public building, the disabled toilet is placed on a busy corridor. We move out to the community centre each year for July and August (very dark, no sunlight)."* This regards the satellite room in the council building being used by a summer scheme for two months each year resulting in service users and staff in Sheskburn having to temporarily move into one of the portacabins in the grounds of the council. This is an ongoing area of dissatisfaction for service users and staff. Senior line management in the Trust are aware of this and are asked to record on the returned QIP, a summary of the action to be taken in attempts to resolve these concerns.

Two staff members stated they were very unsatisfied regarding management responding and taking appropriate action to service users' suggestions for improvement, issues raised; concerns and complaints. One staff member in Sheskburn satellite unit stated: *"repeated requests have been made for electronic equipment to enable staff to complete care plans etc. No wi-fi to communicate through email."*

The manager was contacted by email on 10 November 2015 and asked to respond to the issues raised in the completed RQIA questionnaires. This is recorded in the QIP.

### 5.5.4 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.

During a tour of two identified bathrooms, rust was observed on two different grab rails. This was discussed with the manager who was asked to ensure a review of grab rails and equipment is undertaken and any rusted aids or equipment are made good or are replaced.

#### Areas for Improvement

Four areas for improvement were identified as a result of the examination of additional areas. These areas concerned:

1. Notification of accidents and incidents to RQIA.
2. Infection prevention and control.
3. Areas of dissatisfaction in completed RQIA questionnaires.
4. Effective communication.

<b>Number of Requirements</b>	2	<b>Number Recommendations:</b>	2
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## 6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Patricia Brown, 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.

### 6.4 Statutory Requirements

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

### 6.5 Recommendations

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

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

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained 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><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The registered manager must ensure all notifiable accidents and untoward incidents as per regulation 29 are reported to RQIA in compliance with this regulation and RQIA's revised provider guidance.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All notifiable accidents untoward incidents will be reported to R.Q.I.A</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 22 January 2016</p>	<p>The manager must ensure a review of grab rails and equipment is undertaken. Any rusted aids or equipment are made good or are replaced.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Equipment is functional but equipment will be recycled from other units as and when they become available</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 06 December 2015</p>	<p>With regards to service user's care plans; the manager should ensure:</p> <p>(a) The continence promotion information fully reflects the individuals needs and preferences including (where appropriate) the following:</p> <ul style="list-style-type: none"> <li>• How the service user is approached</li> <li>• The language used by staff</li> <li>• If a preferred bathroom is used</li> <li>• The name and size of continence product used and where this is stored</li> <li>• The name and type of equipment used and the type and size of sling</li> <li>• The number of staff needed to provide assistance</li> <li>• The level of staff support and assistance needed</li> <li>• If a change of clothes is available and where these are located.</li> </ul> <p>(b) The identified service user's care plan is updated to accurately reflect his/her days of attendance in the satellite unit.</p> <p>(c) All relevant signatures are in place; i.e. the service user or their representative, the staff member completing the care plan and the manager. If the care plan is amended new signatures from all relevant individuals should be obtained.</p> <p>(d) The other identified service user's care plan is reviewed. Systems should be in place for all care plans to be reviewed annually or sooner if the individual's needs change.</p>
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	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All amendments made and details of continence requirements detailed in service users care plan appropriately and staff made aware of same at team meeting.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The manager should ensure the minutes of service users' meetings include the details of any action points; who is responsible; timeframes for completion and the subsequent minutes should record what action was taken.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Speech and Language Therapists have been contacted to amend performa provided by the N.H.S.C.T to make it service user friendly.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 14 and 17.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing for (a) and 11 January 2016 for (b)</p>	<p>The manager should ensure:</p> <p>(a) The area of dissatisfaction raised by the service user in Sheskburn House is recorded in the centre's complaints record and is investigated in accordance with standard 14.10.</p> <p>(b) The manager should ensure attempts are made to address all of the issues raised by staff in completed RQIA questionnaires.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Locality Manager furnished with complaint and complaint registered in central book</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 22 December 2015</p>	<p>With regards to ease of communication; the registered person should review the following working practices:</p> <p>(a) telephone arrangements for carers to contact staff in Rathmoyle Resource Centre.</p> <p>(b) update RQIA on the Trust's progress of providing a computer for Sheskburn House satellite unit; preferably with internet access.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> (a) Communication department contacted and when "Works" commence Rathmoyle's phonelines external/internal will be upgraded (b) Costings sent to Locality Manager for their authorisation for P.C's</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 15.5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>With regards to service user's annual review reports, the manager should ensure improvements are made regarding the recording of the views and opinions of individuals who have a significant cognitive impairment. Staff should ensure the views and opinions of the service user's carer or representative are included.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Manager will ensure improvement regarding the views and opinions of individuals who have significant impairment by identifying Pre-review</p>

	<p>(the most suitable person or equipment required to relay information/opinions. This may be a member of the M.D T or family member. In future this is to be highlighted in the review performance; Standard 15.5 In order for a service user's opinions to be portrayed the person who understands him or her best is to be there</p>
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<b>Registered Manager Completing QIP</b>	PATRICIA BROWN	<b>Date Completed</b>	10/02/16
<b>Registered Person Approving QIP</b>	TONY STEVENS	<b>Date Approved</b>	11/02/16
<b>RQIA Inspector Assessing Response</b>	Louise McCabe	<b>Date Approved</b>	17/02/16 Email to manager on 17/02/16 regarding requirement 2.

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