

Unannounced Care Inspection Report 9 January 2020



North Belfast Day Centre

Type of Service: Day Care Service
Address: 585-587 Crumlin Road, Belfast, BT14 7GB
Tel No: 028 9063 8387
Inspector: Corrie Visser

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 75 places that are located across two sites. North Belfast Day Centre is the main site providing 50 places while Whiterock Day Centre acts as an additional setting offering 25 places and is located in West Belfast, both commissioned by the Belfast Health and Social Care Trust (BHSCT). Both settings share the same statement of purpose, management arrangements, staff training arrangements and records. The day care settings provide care and day time activities for adults with enduring mental health needs.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Mrs Suzanne Wilson
Responsible Individual(s): Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Beth Higgins, Deputy Manager	Date manager registered: 23 May 2018
Number of registered places: 50 in North Belfast Day Centre 25 in Whiterock Day Centre	

4.0 Inspection summary

An unannounced inspection took place on 9 January 2020 from 09.30 to 15.15 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012 and the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training and development, induction for staff including NISCC Induction Standards, staff rota and engagement with service users.

Areas requiring improvement were identified included the quality monthly reports, supervision and overall cleanliness of the centre.

Three areas for improvement stated for the second time are in relation to fire safety, transport assessments and ensuring all care plans for service users are signed and dated

Comments from service users are included throughout the report.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

One regulation and two standards have been stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Beth Higgins, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 28 and 29 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 and 29 March 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- unannounced care inspection report and QIP from 28 and 29 March 2019

During the inspection the inspector was introduced to and met with four service users in a group setting, the deputy manager, one day care worker and a nursing student.

The following records were examined during and after the inspection:

- Competency and capability assessments.
- Staff training matrix.
- Induction record for student nurses.
- Four service users' care records.
- Minutes of staff meetings.
- Minutes of service users' meetings.
- Monthly quality monitoring reports.
- Fire safety information.
- Statement of Purpose, January 2018.
- Complaints and compliments folder.

At the request of the inspector, the deputy manager was asked to display a poster within the setting's office. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received prior to the issuing of this report.

Ten service user and/or relatives' questionnaires were provided for distribution; none were returned within the timeframe for inclusion in this report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the settings.

Eight areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for five, partially met for one and not met for two.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 and 29 March 2019

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 and 29 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (4)(d)(v) Stated: First time	The registered provider shall ensure that robust governance arrangements are maintained with regard to ensuring that all necessary fire safety precautions are in place. This relates to issues highlighted within the North Belfast day centre.	Not met
	Action taken as confirmed during the inspection: Weekly fire alarm checks are to be carried out within the establishment however upon reviewing records, there were weeks that no checks were completed and no reason stated	

	for this. Concerns were also raised in relation to the evacuation procedure as there was delay in ensuring everyone was out of the building. A further evacuation test has not been undertaken since 5 June 2019. This will be stated for the second time.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 Stated: Second time	<p>The registered person shall ensure that the record of induction of new staff and/or students is reviewed. The induction record should incorporate the NISCC Induction Standards and should be signed by the both parties when induction is complete.</p> <p>Action taken as confirmed during the inspection: One induction record viewed for the student includes the NISCC induction standards focusing on understanding the principles of care, understanding the organisation structure and the role of the worker, maintaining safety at work, communicating effectively, recognising and responding to abuse and neglect and developing as a worker.</p>	Met
Area for improvement 2 Ref: Standard 23.7 Stated: First time	<p>The registered person shall ensure that staff rota information should be kept in the day centre and record the staff working each day, the capacity in which they worked and clearly identifying who is the person in charge if the manager is not present.</p> <p>Action taken as confirmed during the inspection: The rota was reviewed during inspection and the responsibility of every individual was stated for that shift. The rota also contained the name of the person in charge throughout the day.</p>	Met
Area for improvement 3 Ref: Standard 23.3 Stated: First time	<p>The registered person shall ensure there is a competent and capable person in charge of both day care settings, in the absence of the registered manager, at all times. Governance records which evidence that such staff are willing and competent to assume responsibility as the person in charge in the manager's absence, should be maintained and regularly reviewed to ensure that these governance</p>	Met

	processes remain effective and appropriate.	
	<p>Action taken as confirmed during the inspection: This was evident during inspection. There were a number of staff identified as competent and capable who would be the person in charge if the manager was absent.</p>	
<p>Area for improvement 4 Ref: Standard 21.3 Stated: First time</p>	<p>The registered person shall ensure mandatory training requirements are met.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the training schedule in place for staff and it was evident that all mandatory training was up to date for all staff.</p>	Met
<p>Area for improvement 5 Ref: Standard 12.1 Stated: First time</p>	<p>The registered person shall ensure that a transport assessment has been undertaken as appropriate with individual service users and takes into consideration factors as outlined in standard 12.1.</p> <p>Action taken as confirmed during the inspection: The inspector was provided with a template for a transport assessment however none had been completed for the service users. This will be stated for the second time.</p>	Not met
<p>Area for improvement 6 Ref: Standard 3.1 Stated: First time</p>	<p>The registered person shall ensure that each service user is provided with an individual written agreement and ensure the content is in accordance with Standard 3.1.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed four service user files and it was noted that each individual was provided with a written agreement in accordance with Standard 3.1.</p>	Met
<p>Area for improvement 7 Ref: Standard 4.3 Stated: First time</p>	<p>The registered person shall ensure that assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager.</p>	Partially met

	<p>Action taken as confirmed during the inspection: The inspector reviewed four service user files and noted that one care plan did not have any signatures recorded. This area for improvement will be stated for the second time.</p>	
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6.3 Inspection findings

6.4 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector reviewed the establishment’s systems in place to ensure the safety of the service users which included a review of the staffing arrangements in place within the day centre. The deputy manager advised that the staffing levels are necessary to provide a safe service. The inspector reviewed the rota in place which identified the responsibility for each staff member on shift and the person in charge throughout the day. No new staff had been recruited since the previous inspection, therefore staff recruitment files were not examined. It was discussed with the deputy manager that all pre-employment documents including Access NI disclosures are viewed and checked by the trust for all staff prior to the commencement of employment.

The inspector was provided with the arrangements in place to monitor the registration of staff with the Northern Ireland Social Care Council (NISCC).

The inspector was not provided with a schedule for staff supervisions and appraisals; however from reviewing staff records, it did not appear that staff were receiving regular supervision. Through discussion with the deputy manager, supervision is on a three monthly basis with staff however from the records viewed this was not apparent in particular for one staff member as supervision was being undertaken annually. The deputy manager advised that she recently commenced her post and is aware of the need for supervision and agreed that a training schedule will be compiled to ensure compliance. An area for improvement has been made in regard to this domain.

Through discussion with staff and the nursing student, it was advised that they had been provided with a full induction and evidence of this was reviewed during inspection. The inspector reviewed the induction for students and it was compliant with the day care settings minimum standards. This included the NISCC induction standards compiling of principles of care, health and safety, professional development and safeguarding.

There was evidence that mandatory training was up to day and it was positive to note that extra training opportunities were being provided to staff including transgender support, equality and diversity, quality improvement, first aid and HIV.

Competency and capability assessments had been completed for staff who acted in the absence of the manager. Staff said they felt they were well supported and could seek advice from the manager at any time.

The adult safeguarding policy and procedure in place and was found to be consistent with the current regional guidance. It included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. All staff had undertaken training in relation to Adult Safeguarding.

No issues of adult safeguarding had arisen since the last care inspection however it was discussed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons/agencies and investigated in accordance with procedures and legislation and written records would be retained. The inspector discussed the requirements for the Adult Safeguarding position report which is to be made available for inspection from March 2020.

The inspector did a walk around of the establishment and it was noted that the level of hygiene needed to be improved. There was clutter on the stage and at the entrance to the centre. The deputy manager advised that arrangements were in place for both areas to be cleared the following week. The inspector raised concerns in relation to the hygiene in the main bathroom. It was observed that it required to be extensively cleaned, in particular the soap dispenser, window sills and the area beside the toilet. This was discussed with the deputy manager who agreed that improvements were needed and a meeting would be convened with the cleaning company. Action was required to ensure compliance with the standards in relation to the cleanliness of the day centre. An area for improvement was made in relation to hygiene.

Observations during the inspection and feedback from the deputy manager confirmed that no restrictive practices were undertaken within the day care setting.

Service users were independent and required minimal staff support to get involved in activities. The inspector observed a table quiz with some service users and the setting was relaxed, comfortable and the service users were empowered and encouraged to participate. Staff evidenced that they had an understanding of the management of risk and an ability to balance assessed risks with the wishes and human rights of individual service users.

The inspector reviewed the measures in place regarding fire safety. The deputy manager advised that weekly tests are completed with each department in the complex taking responsibility for these checks. From reviewing the fire records, there was evidence of the fire alarm being tested however there were occasions whereby no check was completed and no reason stated for this. The inspector also reviewed the test evacuation which was completed on 5 June 2019. The report from the fire warden raised concerns that there was a delay in ensuring everyone was out of the building, in particular to the rear assembly point and it was noted that there was no obvious reason why this occurred. This was discussed with the deputy manager as a follow up evacuation had not been completed following this feedback. This area for improvement has been stated for the second time.

Comments received from service users included:

- “Staff are very supportive.”
- “I appreciate the care and the interest shown in me.”
- “The staff are mannerly.”
- “I love it here.”

Staff comments included:

- “The service users are so happy coming here.”
- “The service users are treated as individuals.”
- “There is an open door policy.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to knowledge of adult safeguarding, training and risk management of assessed care needs.

Areas for improvement

One area for improvement is in regard to supervision for staff.

Two areas for improvement are stated for the second time in relation to fire safety precautions and the hygiene of the day centre.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined in the Statement of Purpose.

Discussion with the deputy manager established that staff in the day centres respond appropriately to and meet the assessed needs of service users.

Four service user files were reviewed during inspection and the wellbeing star model is being utilised for every individual. This allows for personal goals to be set covering the main aspects of people’s lives and then measuring them over time to assess the progress being made. The wellbeing star is reviewed at service users’ reviews. All care plans were reviewed within the relevant timeframes. The deputy manager provided the inspector with a schedule for the reviews due in January 2020. Letters are sent out to all relevant parties to ensure full participation. Documents were noted to be signed by service users, as appropriate to reflect their involvement and agreement of the plan. It was noted, however, in one service user’s care plan review, there were no signatures. This area for improvement is stated for the second time in this regard.

Care records are stored safely and securely in line with data protection. Inspection of the care records of four service users identified that these were maintained in line with the legislation; the assessments of need, risk assessments, care plans and records of health and well-being of the service users were up to date. Care plans and risk assessments were reviewed in a timely manner with the involvement of the multi-professional team as required to achieve the best outcome for service users.

It was identified at the previous inspection that a transport assessment was required on every individual regardless of how they get to and from the centre. The deputy manager advised that independence is promoted with the service users however it was acknowledged that on occasions the service users would be taken out on day trips, therefore an assessment is required. This area for improvement has been stated for the second time.

No concerns were raised during the inspection with regard to communication between service users. Service users confirmed that staff are approachable and very supportive.

It was reported that there is an open door policy and there was good support from the manager and deputy manager.

Comments from staff included:

- “Staff are so nice and very helpful.”
- “I love the team.”
- “It’s a friendly environment.”

Staff meetings are held on at least a three monthly basis. There is a file which contains the sign in sheets and a copy of the agenda and minutes. The agenda has included record keeping, reviews, wellbeing star, timetable in relation to groups, training, annual leave, goals and staffing.

Since the deputy manager commenced post staff attend a morning briefing which updates the staff in relation to service users (including conflicts, aggression, any deterioration in their mental health, new referrals), staff numbers, caseloads, new ideas for groups and any building issues.

Discussion with service users and staff evidenced that they felt the care provided was effective and comments included:

Service users’ comments:

- “I love it, it’s my lifeline.”
- “If the staff can do things for you they will.”
- “They are great at listening and hearing my voice.”
- “It’s good to come here and interact.”
- “They do not have any expectations, set achievable goals”.

Staff comments:

- “There is an open door policy.”
- “We have a really good team.”
- “It’s beneficial for all the service users and they all have a choice.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to ensuring the service user is involved in all decision making, reviews undertaken in a timely manner and all records in compliance with the General Data Protection Regulations.

Areas for improvement

Two areas for improvement were stated for the second time in relation to transport assessments and ensuring all care plans are signed.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the day care setting's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and were encouraged to engage with the inspector if they wished.

Through discussions with service users and staff and observations made during the inspection indicated that the human rights of service users are paramount and the promotion of values such as choice, dignity and respect were embedded in the culture and ethos. Staff were observed interacting with the service users in a friendly way which promoted a relaxed atmosphere. The service users were able to advise the inspector that their human rights are being met and they are given choices and listened to by staff. It was also reported that staff are approachable, do not set unrealistic goals and do not have expectations of the service users. It was positive to note that a suggestion box was in place so the service users could highlight their interests to the staff. Some of these suggestions included making homemade jam, badminton, reflexology, hand massage, walking and cooking.

Monthly service user meetings are held and the minutes are displayed on the notice board. Some of the areas for discussion included the centre's timetable of activities, communication and relationships, community events, housekeeping including smoking and use of the bathroom. Day opportunities were also discussed during these meetings and service users are kept up to day with any changes in staff. The inspector noted a comment advising all service users that the centre is an environment that everyone should feel safe and comfortable in and certain types of conversations are not advisable as some may cause distress or anxiety to other service users.

Discussion with service users evidenced that they felt the care provided was compassionate. Some of the comments included:

- "We are given choices."
- "My human rights are respected."

- “There are plenty of things to do.”
- “I love the quizzes.”
- “We get a choice of activities.”
- “The staff are good at communicating with us.”
- “Staff show patience with everyone.”
- “The staff treat people with respect.”
- “I appreciate the care and interest shown in me.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector sought to assess the day centre’s leadership, management and governance arrangements to meet the assessed needs of service users.

The staff group is small and there is a clear organisational structure.

The registration certificate was up to date and displayed upon entry into the day centre.

The Statement of Purpose for the day centre was last updated on January 2018. This document describes the philosophy of care and the nature and range of the service to be provided to the service users.

North Belfast Day Centre is managed by the registered manager with the support of a deputy manager, along with a team of day care workers, an administrator, catering assistants and a transport driver.

Staff reported that there was an open door policy with the management team and the team work well together to ensure they safely and effectively care for the service users within the setting.

The inspector viewed the complaints folder and it was positive to note that there had not been any complaints since 2016. Staff were knowledgeable in relation to receiving and responding to complaints and were aware of their responsibility to report all complaints to the manager.

The inspector reviewed samples of the Regulation 28 monthly quality monitoring visits which were undertaken by a senior manager within the organisation. A sample of reports viewed did note some, albeit few, consultations with stakeholders. Some of these comments included:

- “Service users continue to be positive about programmes and opportunities available within the centre.”
- “Both ladies attended an introductory walk around the building this morning. They were very impressed with the range of activities available and are very keen to attend the day centre.”

It was agreed with the deputy manager that robust action plans should also form part of the monthly monitoring report, as necessary, in order to effectively review any required quality improvement identified.

There was no robust action plan contained in these reports in order to effectively review any required quality improvement identified. The inspector did not note any consultations with service users’ relatives. An area for improvement has been made in this regard.

There was a range of policies and procedures in place which inform and guide staff practice and could be accessed online on the staff website.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to complaints management and promoting equality of opportunity.

Areas for improvement

One area of improvement was found in relation to the quality monthly reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Beth Higgins, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 26(4)(iii)(v)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall make adequate arrangements for the evacuation, in the event of fire, of all persons in the day care setting and safe placement of service users and for reviewing fire precautions, and testing fire equipment, at suitable intervals.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Fire testing for the complex is completed on a weekly basis (Wednesday) within the complex as per agreed rota. As the Registered Facility, the Day Centre ensures that this testing is completed weekly. It is acknowledged that the record was not completed on four occasions since the last inspection. All teams on the rota within the Complex have been advised that should testing not be completed a reason for this should be recorded and a further date for testing agreed.</p> <p>The complex completes an annual fire evacuation as per Trust Policy. This is completed in conjunction with the Facility Manager and Fire Officer</p> <p>The Complex's fire risk assessment is up to date.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 28(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that the person carrying out the visit shall interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Assistant Service Manager speaks to patients during monthly visits. The Assistant Services Manager is also in regular contact with representatives from CAUSE, Irish Advocacy Network and the Service User Consultant for the Trust. The Registered Manager addresses complaints at a local level. These are reviewed as part of the monthly monitoring visit by the Assistant Service Manager as are compliments received.</p>
<h3>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 22(2)(3)(5)</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff are supervised and their performance appraised to promote the delivery of quality care and services. Staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months. Supervision sessions are planned in advance and</p>

<p>To be completed by: Immediately from the date of inspection</p>	<p>dedicated time set aside. Staff have a recorded annual appraisal with their line manager to review their performance against their job description, and to agree personal development plans.</p> <p>Ref: 6.4</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall the premises and grounds are safe, well maintained and remain suitable for their stated person. The building is kept clean and hygienic at all times, and decorated to a standard acceptable for the service users.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff are required to have supervision three times per year. A timetable of supervision dates has been agreed and a template devised to record the frequency of same. SDRs are completed annually and recorded on HRPTS.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A number of emails have been sent to PCSS Managers regarding the cleanliness of the Centre. Meetings arranged have been cancelled. This issue has now been escalated to the Divisional Nurse for Mental Health Services. Decorating has been completed within the facility to improve the overall area for service users.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that a transport assessment has been undertaken as appropriate with individual service users and takes into consideration factors as outlined in standard 12.1.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: At the time of inspection 5 files were reviewed, each with multiple care plan reviews. As stated in the report there was one care plan review not signed. This said care plan review had been completed in conjunction with the service user and the member of staff was awaiting the typing of this. There were plans to complete the signing and dating of the document with the service user. The importance of the above has been highlighted in the morning brief to all staff.</p> <p>Response by registered person detailing the actions taken: The transport assessment document agreed with previous inspector will be completed for all Service Users using Trust transportation in</p>

	conjunction with transport staff. It should be noted that a transport assessment is needed for 75 Service Users. This will be completed by 01 June 2020. Any new Service User will have a transport assessment completed at the time of induction.
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****Please ensure this document is completed in full and returned via Web Portal****



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews