

Unannounced Care Inspection Report 4 June 2019



Ballyowen Day Centre

Type of Service: Day Care Service
Address: 179 Andersonstown Road, Belfast, BT11 9EA
Tel No: 02895045648
Inspector: Marie McCann

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

Ballyowen Day Centre is a day care setting with 45 places that provides care and day time activities for people over 65 years of age living with various medical needs. The day care setting is open Monday to Friday and is managed by the Belfast Health and Social Care Trust (BHSCT).

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Mr Rory John Paul Kavanagh
Responsible Individual: Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Mr Rory John Paul Kavanagh	Date manager registered: 4 October 2017
Number of registered places: 45	

4.0 Inspection summary

An unannounced inspection took place on 4 June 2019 from 09.10 to 16.10.

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

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.

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 settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff training, risk management and infection prevention and control practices. Further areas of good practice were also noted in relation to care records, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal, compliments received, quality improvement and maintaining good working relationships.

One area for improvement was identified in regard to statutory notifications to RQIA.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

Service users commented:

- “This place is a life saver, you couldn’t ask for better.”
- “Staff go over and beyond.”
- “Ballyowen has saved my life; don’t know what I would do without it.”
- “I could talk to the staff about anything.”
- “Musicians come in every so often and you get a sing-along; it’s great.”
- “I have my review today, it’s good to see how things are going but I’m very happy here.”
- “Staff are always so willing to help you.”
- “The activities are good; you can have a good laugh when doing activities.”
- “The lunch is brilliant for £1.50 and there are always three choices.”
- “The staff really listen to you and are interested in what you have to say.”
- “Staff are always asking you if you need or want anything, you get spoilt.”
- “Staff are so kind and always professional.”
- “We are asked our opinion about everything and have meetings.”
- “Staff can never do enough for you.”
- “I would know how to make a complaint but have never had to.”
- “The manager is very nice, all the staff are.”
- “The place is well run.”

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with 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 23 April 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 April 2018.

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 day centre
- information and correspondence received by RQIA since the last inspection

- incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 23 April 2018
- unannounced care inspection and QIP report dated 23 April 2018.

During the inspection, the inspector met with the manager, three day care staff and a visiting professional. Introductions were made to all service users while walking around the setting with individual interaction with 12 service users.

Ten service user and/or relatives' questionnaires were provided for distribution; seven service users/relatives' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

All respondents indicated that they were either satisfied or very satisfied that the care being provided to service users was safe, effective, compassionate and well led. Questionnaire comments included:

- "Xxxx has only been going to this centre for just over a year. The management and staff could not do any more for her, they have made her so welcome and she is very happy there."
- "I am very happy with the care I receive at Ballyowen. Happy staff and loads of activities."

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; one response was received.

The respondent indicated that they were satisfied that the care provided in the day centre was safe, effective, compassionate and well led.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the manager, service users, their relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced care inspection dated 23 April 2018

Areas for improvement from the last unannounced 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)	The registered provider shall ensure that robust arrangements are in place with regards to fire safety and that governance records relating to fire safety checks are accurately	Met

Stated: First time	and comprehensively maintained.	
	<p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of records on the day of inspection identified that this had been addressed. It was noted that each week a specific member of staff is responsible for completing and maintaining a record of required fire safety checks.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.4 Stated: Second time	<p>The registered provider should establish a staff training record that contains a staff training plan and identifies the training needs of staff annually with an action plan of how these will be met. Evidence of regular audit of staff training needs should also be in place.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the manager maintains a monthly needs analysis of staff training due and monitors compliance with staff training required.</p>	
Area for improvement 2 Ref: Standard 17.9 Stated: Second time	<p>The registered provider should improve the audit arrangements for this setting which should include audit of training, formal supervision, annual appraisal, care records and infection prevention and control. The audit records should show there is a review of quality and frequency of practices, identify any actions required to improve quality and effectiveness, identify who is responsible for putting the action plan into practice and the outcomes of action taken with evidence of any learning disseminated.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and a review of records confirmed that the manager completes an audit in regard to staff training, supervision and appraisals. Audit of care files were also evidenced. Staff also maintain a record of when service users' equipment is cleaned, such as wheelchairs and zimmer frames. In addition, infection prevention and control audits are noted to be completed by the</p>	

	BHSCT Patient Client Experience Service.	
Area for improvement 3 Ref: Standard 23.7 Stated: First time	<p>The registered person shall ensure that a duty roster is maintained and accurately evidences the number of staff on duty and the capacity in which they are working.</p> <p>Action taken as confirmed during the inspection: A sample of the staff duty roster was reviewed and evidenced the number of staff on duty and the capacity in which they were working.</p>	Met
Area for improvement 4 Ref: Standard 21.1 Stated: First time	<p>The registered person shall ensure that all staff, including students complete a structured orientation and induction programme within expected timescales.</p> <p>Action taken as confirmed during the inspection: There were no newly recruited staff in the day centre since the last inspection. It was positive to note that there was a record of an induction programme maintained for a volunteer in the setting, which was signed by both the inductor and the inductee. The manager demonstrated appropriate knowledge of the induction programme required for new staff, which would have regard to the Northern Ireland Social Care Council (NISCC) induction standards and include information identified as necessary to support service users and ensure new staff are familiarised with the environment. Relevant policies and procedures including safeguarding, risk management, confidentiality, complaints, whistleblowing and the trust values were also available to new staff.</p>	Met
Area for improvement 5 Ref: Standard 5.2 Stated: First time	<p>The registered person shall ensure that each service user has a person centred, up to date and comprehensive care plan. This should include details of any support the service user requires to meet their physical and mental health needs while in the day care setting.</p> <p>Action taken as confirmed during the inspection: The manager advised that new assessment and care planning documentation had been</p>	Met

	introduced. A review of a sample of care records evidenced that care plans effectively detailed the support service users required in order to meet their physical and mental health needs while in the day care setting.	
Area for improvement 6 Ref: Standard 22 Stated: First time	The registered person shall ensure that all staff receive formal supervision/appraisal within expected timescales in order to promote the delivery of quality care and services.	Met
	Action taken as confirmed during the inspection: A review of a sample of staff supervision and appraisals records evidenced that staff had access to supervision and appraisal within expected timescales.	

6.2 Inspection findings

6.3 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 day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

There were arrangements in place to ensure that staff are registered with the NISCC. Information regarding registration details and renewal dates are maintained by the BHSCT governance department who generate an email to the manager advising when a staff member's renewal date is pending. The manager confirmed that upon receipt of this email they liaise with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation's governance department. The manager confirmed that all staff are currently registered with NISCC.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of a sample of the staffing roster evidenced that the planned staffing levels were adhered to.

Discussions with staff and service users confirmed that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager and any training now due for update was being followed up with the staff member by the manager. Staff feedback regarding training was positive and they confirmed that the manager proactively encouraged and supported staff to access training opportunities over and above mandatory requirements. Examples of additional training included: equality and diversity; human rights; stress management; consent and capacity; and training in regard to the implementation of new terminology for those who require a modified diet.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the BHSCT governance department. Discussion with the manager and review of sample of records since December 2018 evidenced that there is a robust and transparent system for recording, reporting and investigating any incidents and accidents in a timely manner. This includes consideration of any lessons learnt. However, it was noted that one incident was not reported to RQIA as per statutory guidelines. An area for improvement has been made in this regard.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager 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.

No adult safeguarding referrals had been made since the last inspection. Discussion with the staff and the manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The inspector advised the manager to liaise with BHSCT senior management regarding the arrangements for the adult safeguarding position report which is due to be completed by 31 March 2020.

Discussions with the staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. They were aware of the BHSCT whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The manager reported that there were no restrictive practices in place within the setting other than the use of lap belts for specific service users who use wheelchairs. The decision to use lap belts in these cases had been made following assessment by the Occupational Therapist in agreement with the service user and their representative. The manager demonstrated knowledge and understanding that the use of such interventions requires referral to the multi-disciplinary team to ensure that any restriction is appropriately minimised, assessed in partnership with all relevant parties, documented and reviewed as required.

Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the unit and the “seven step” hand hygiene notices positioned at wash hand basins. The environment was spacious and adequately lit.

Records showed a weekly alarm test was carried out. The last fire evacuation drill was undertaken on 01 May 2019. A fire risk assessment had been undertaken in August 2018 and was due review August 2020. The manager advised that the action plan was on way to being addressed.

Discussion with service users and staff evidenced that they felt the care was safe. Staff comments included:

- “Creating a safe space for service users to talk, share stories and experiences seems to help them.”
- “Training is very good.”
- “Stress management training was great, I was able to bring back learning and share it with the clients.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control practices, staff training and risk management.

Areas for improvement

One area for improvement was identified in regard to statutory notifications to RQIA.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 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 was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users' care files; they contained referral information, service user agreements, transport assessments, manual handling assessments, individualised risk assessments in regard to diabetic needs, continence promotion, general assessment and care plans. The service had introduced new assessment, care planning and review documentation. The inspector noted that new assessments and care plans were comprehensive, person centred, holistic and concisely reflected the needs of the service users. They also gave consideration to the service users' level of awareness, ability to participate and consent in the assessment and care planning process and any specific communication needs. The manager agreed to ensure that service users' goals and objectives are clearly reflected within all care plans.

The records viewed were signed, as appropriate, by the service users and their next of kin, evidencing consultation and agreement with arrangements in place.

Discussion with the manager and review of records confirmed there were systems in place to review service users' placements within the centre and ensure that they are appropriate to meet their health and social care needs. In relation to the records selected for inspection, the reviews were conducted within the required timescales; there was evidence of four weekly, 16 weekly and annual care reviews in partnership with service users and/or their relatives and community keyworkers; these provided positive feedback from service users and their representatives with regard to the day care service.

Service users' care records were noted to be well organised and stored safely and securely in line with data protection requirements.

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They also demonstrated knowledge of service users' preferences regarding activities and at lunch time. A service user described how staff had been proactive in supporting him in making a referral to the occupational therapist.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis. Service users indicated that they had open lines of communication with staff and the manager and were confident that the staff would respond appropriately to any issues raised.

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

- "Prior to a service user starting, we receive all the assessments as needed."
- "We have all the information we need to support the service users in the day centre."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between service users, staff and other key stakeholders.

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

6.5 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.

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Service users spoken to confirmed that they liked the activities on offer in the setting and staff were always willing to review the activity programme at their request. They described how they had learnt new skills, with some individuals enjoying arts and crafts for the first time. Several service users took pride in showing the inspector some of their art work on display. Service users also reflected on the friendships they have developed as a result of attending the day centre and how this impacted positively on their emotional wellbeing and mental health.

Care records reflected that a record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. These records evidenced staff confirming with a new service user how they preferred to be known and how staff maintained regular contact with service users when they were not attending due to ill health.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Staff approaches and responses to services users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance in regards to mobilising safely, eating lunch and participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users' confidentiality and consent.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

The manager and service users advised that service user meetings are typically held monthly and services users are given a choice whether to attend. A review of a sample of minutes from the last two meetings evidenced service users being consulted regarding activities within the day centre. The inspector recommended that the minutes of the meetings should be amended to clearly reflect actions planned and associated timescales. This will enable actions and outcomes to be more clearly reviewed at future meetings. The manager agreed to include this information in the minutes for future meetings.

It was positive to note the commitment of staff to supporting and recognising the role of carers of those attending the day centre. A carers' group is facilitated by a day care worker and aims to meet quarterly.

Discussion with service users and staff evidenced that they felt the care was compassionate.

Staff comments included:

- “Service users are provided with choice about everything.”
- “We are always thinking of new activities, new learning opportunities.”
- “Everything is open for discussion (with service users).”
- “It’s very rewarding to go to work and feel like you are making a difference in someone’s life.”
- “Greeting the service user, making them feel welcome and valued while they are here and seeing them off with a smile is so important

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

6.6 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 Statement of Purpose and the Service User's Guide for the day care service was reviewed and updated by the registered manager following suggestions made by the inspector. The amended documents were sent to RQIA post inspection and noted to be satisfactory.

The day centre is managed on a day to day basis by the manager with the support of five day care workers, three care assistants and a catering assistant. There was a clear organisational structure and the registration certificate was up to date and displayed appropriately.

An open and transparent culture was evidenced with the reporting of incidents and accidents. Staff felt able to raise issues with the manager, a learning culture was promoted and best practice shared. The inspector discussed the development of the NISCC website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centre. The manager advised that they would review this resource and share with the staff team.

The complaints record was reviewed and evidenced that no complaints had been received since the last inspection. The manager confidently described the procedure in place for recording and managing informal and formal complaints. The inspector noted a number of positive compliments since the last inspection evidencing a high level of appreciation of staff attitude and values.

The manager and staff confirmed that there are a range of policies and procedures in place to guide and inform staff. They are easily accessible to staff via the BHSCT intranet.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions and annual appraisals.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by day centre managers within the organisation, who demonstrated a good understanding of the setting. A sample of reports viewed for February 2019 to April 2019 provided evidence that the visits included engagement with service users and staff; a review on the conduct of the day care setting and development of action points and review of previous action points. The inspector advised that a record of those consulted with during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable. In

addition, review of the previous month's action plan should be clearly reflected within each report. The manager agreed to address this.

The annual report which provided a review of the quality of care for 2018/2019 was reviewed. This contained all elements as required in Schedule 3 of The Day Care Settings Regulations (NI) 2007.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Discussion with service users and staff evidenced that they felt the service was well led. Staff comments included:

- "I love my job; it's a great place to work."
- "The manager is great; everything is well organised and well planned."
- "It's great to have leadership and the manager provides this."
- "The manager is always telling us, there is an open door policy."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, compliments received, quality improvement and maintaining good working relationships.

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

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the 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 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 Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 17.14</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure all accidents and incidents are reported to RQIA in accordance with statutory notification guidelines.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Incident was discussed with the Inspector during visit and it had been recorded on Datix - 25/01/2019, following advice given by the inspector, it was reported through the RQIA portal and was listed as closed on 12/06/2019.</p> <p>All care staff advised of potential ramifications and what the process is should a re-occurrence ever happen in the future</p>
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Please ensure this document is completed in full and returned via Web Portal



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