

Unannounced Care Inspection Report 20 October 2016



Bryansford Road incorporating Pumpkin Pastures

Type of service: Day Care Setting
Address: 61 Bryansford Road, Newcastle BT33 0LD
Tel no: 028 43723714
Inspector: Maire Marley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Bryansford Road incorporating Pumpkin Pastures took place on 20 October 2016 from 10.00 to 15.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Bryansford Road incorporating Pumpkins pastures provides a day care service for individuals with Autism Spectrum Condition, Learning Disability and Autistic behaviours. Some of the service users required additional staff support or supervision.

On the day of this inspection the day care setting was found to be delivering safe care. In discussions with staff and service users it was established that staffing levels met the current assessed needs of service users. Service users consulted confirmed that they were safe and well cared for in the centre.

Observations of the delivery of care provided evidence that service users' needs were being met safely and in a responsive, timely manner by the staff on duty. Arrangements are in place to prevent and protect service users from harm and staff were knowledgeable regarding their role and responsibilities in relation to adult safeguarding policies and procedures.

Three areas were identified in regard to the inspection of this domain. A requirement regarding the need to review the role and responsibility of members of staff who accompany service users to day care is stated for the second time in this report. A further requirement relates to the maintenance of all parts of the regulated service. A recommendation is made to ensure all staff deployed in the day care setting receive training and supervision in day care.

Is care effective?

The records examined and discussions with service users and staff established that the day care setting was delivering effective care. Appropriate referral information, assessments and care plans, along with daily notes are maintained. In discussion with service users they spoke of the positive relationship they had with the management and staff team, and confirmed that the care delivered was effective and promoted the best outcomes for them.

The majority of care staff has worked in the centre for some years and they were well organised so that appropriate use of their skills and experience enabled the centre to operate effectively.

Three areas for improvement were identified during the inspection of this domain and recommendations are made in relation to care plans, staff training and the records of complaint.

Is care compassionate?

Throughout this inspection evidence of compassionate care was observed. Observations of practice established staff knew each service user very well and were familiar with their interests, preference and likes and dislikes; conversations were respectful and appropriate. Care

practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities.

Service users were noted to be relaxed and content in their environment and engaged in activities provided. All of the service users commented very positively on the quality of care and their enjoyment of attending the centre.

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

Is the service well led?

Staff confirmed that they were well supported in their roles and that suitable training was provided. The registered manager is based in the centre and staff reported that the manager is always available for support or guidance.

A monitoring officer who is not directly involved in the day to day operations of the centre undertakes the monthly quality monitoring visits and provides a report of the visit.

Two areas for improvement were identified in this domain and a requirement made in regard to the review of the statement of purpose and the need to clearly identify the range and number of service users to be accommodated in the centre and the status of Pumpkins Pastures. A recommendation is made regarding notifiable events.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Kate Price, regional manager and Christopher Twinem, senior day care worker 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 4 August 2015.

2.0 Service details

Registered organisation/registered person: Autism Initiatives NI/Mr Andrew Grainger	Registered manager: Miss Susan Annett
Person in charge of the service at the time of inspection: Christopher Twinem	Date manager registered: 8 February 2016

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Registration status of the setting
- Review of previous inspection report/QIP dated 2015
- Review of two accident notifications submitted to RQIA since previous inspection
- Written and verbal communication received since the previous care inspection

During the inspection the inspector greeted and spoke with 14 service users, four of which were spoken to in private; spoke with the registered manager via telephone, the regional manager, a senior day care worker, and three care staff. No professionals visited the centre during the inspection.

The staff member in charge of the centre was provided with questionnaires to distribute to five service users; five staff members and five service users' representatives for completion. The questionnaires asked for the views of service users, staff and service users' representatives regarding the service, and requested their return to RQIA. Completed questionnaires from two staff, three representatives and one service user were returned to RQIA in time for inclusion in this report.

The following records were examined during the inspection:

- Supervision policy and procedure
- Elements of three service users' care records
- Complaint records
- Accident/incident records
- Fire risk assessment
- Service user meetings
- Staff meetings
- Staff training records
- Record of dates of supervision/appraisal
- Record of staff registration with NISCC
- Monthly visits made on behalf of the registered provider

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 4 August 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19.(2)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 October 2015</p>	<p>The staff duty roster must reflect persons working in the day care setting. The manager's duty time spent in the centre must be recorded on the duty roster to comply with this requirement.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector can confirm that the duty roster examined reflected the staff working in the centre and detailed the hours the manager spend in the centre.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (iv)</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The responsible person should review and clarify the role and responsibility of the member of staff who accompanies two service users to day care.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector was informed that the two service users present at the last inspection no longer attended the service. However, it was noted during this inspection staff from the supported housing accommodation not employed as day care workers were accompanying and supervising a further two service users. The role and responsibility of members of staff who accompany service users to day care must be clearly defined. The registered manager and the staff should have information outlining their responsibilities and duties. This requirement is therefore stated for second time in this report.</p>	Not Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The registered person should revise the policy on the promotion of continence, assessment and management of incontinence and ensure it applies to the day care settings.</p> <p>Guidance on staff providing intimate care to service users should also be included in either the continence care policy or in separate guidance.</p>	Met

	<p>Action taken as confirmed during the inspection: The incontinence policy had been revised as requested. Intimate care guidance was also available for staff.</p>	
<p>Recommendation 2 Ref: Standard 25.3 Stated: First time To be Completed by: 30 October 2015</p>	<p>The registered manager should review the storage of equipment outside the bathroom door in the interests of infection control and promoting service users' privacy.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area had been reviewed and there were no issues identified on the day.</p>	Met
<p>Recommendation 3 Ref: Standard 5.2 Stated: First time To be Completed by: 30 October 2015</p>	<p>The registered manager should undertake a review of service users' care files and ascertain if all the information contained on file is necessary.</p> <p>A review of the risk assessments held in individual care records should be completed to ensure they are relevant to the service user and are not health and safety environment risks.</p> <p>Action taken as confirmed during the inspection: There was evidence that a review of care files had been completed; the files viewed on the day were organised and contained the relevant information.</p>	Met
<p>Recommendation 4 Ref: Standard 4.1 Stated: First time To be Completed by: 30 October 2015</p>	<p>The registered person is requested to obtain the outcomes of individual service users' continence promotion assessment and maintained them on file.</p> <p>Action taken as confirmed during the inspection: There was evidence that the registered manager had contacted the community nurse for the relevant information.</p>	Met

4.2 Is care safe?

The registered manager for the service was on annual leave and the inspection was facilitated by the senior support worker who was joined in the later part of the morning by the area manager for day care services. Both were available for the remainder of the inspection.

The registered manager is based full time in the day care setting. In their absence a senior support worker takes responsibility for the day care setting. Records examined established that appropriate competency and capability assessments had been undertaken for this member of staff. The details of the person in charge of the centre was included on the duty roster and staff and service users were fully aware of who was in charge in the absence of the registered manager.

The planned daily staffing levels for the day care centre were outlined by the management team and it was confirmed that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the duty roster for the months of August and September 2016 evidenced that staffing levels were maintained and this information was confirmed in discussions with staff.

Observation of the delivery of care provided evidence that service users' needs were met by the staff on duty. It was noted that an additional three staff were supporting two service users. These staff had accompanied the service users from their supported living accommodation. One service user required the support of one staff member (1-1) and a further service user had the support of two staff members (2-1). The rationale for the identified service users requiring additional support in the day care setting was unclear and this is addressed in the following section of this report.

A requirement from the previous report is stated for the second time in this report. The responsible person should review and clarify the role and responsibility of members of staff who accompany service users to day care. Clear guidance on their responsibilities and duties should be available to the registered manager and relevant staff members.

The organisation has a robust staff recruitment policy and procedure that details the arrangements for ensuring that appropriate pre-employment checks are completed for all staff prior to employment.

Review of three staff files and discussion with care staff confirmed that staff had received mandatory training, including training in safeguarding vulnerable adults undertaken in 29 June 2016, and fire awareness undertaken on 12 February 2016. It was noted that staff deployed from supported housing accommodation had received no awareness training in the aims and objectives of day care. This is an area recommended for improvement.

It was good to note that a copy of the new regional guidance, Adult Safeguarding; Prevention and Protection in Partnership, was available to staff. The regional manager reported the organisation were in the process of updating their policy and were hoping to identify an "adult safeguarding champion." Management had recognised there was a need to enhance staff awareness regarding the new procedures. During discussions with staff it was evident they were aware of their individual responsibility to raise concerns about any aspect of practice and all were knowledgeable in relation to adult safeguarding. Management reported that there were no current safeguarding concerns ongoing.

The organisation's supervision policy details the frequency and procedure to be followed and staff spoken with confirmed they receive supervision on a quarterly basis as detailed in the policy. Supervision records and responses in returned questionnaires provided further evidence the staff receive supervision in accordance with the policy.

Discussion with day care staff and a review of two returned staff satisfaction questionnaires confirmed that mandatory training and other professional development training was provided. Overall, staff felt they were well supported in their role and responsibilities by the provision of individual staff supervision, annual appraisal and easy access to the management team. It was noted that the support staff deployed from other services had no record of supervision within the day care setting.

The serving of morning coffee/tea and the midday meal was observed. It was noted that assistance when required was provided in a discreet manner; it was evident that staff were knowledgeable about the varied needs of service users' food preference and their dietary needs.

The day centre has a range of fire protection measures in place and these included a fire detection and alarm system, emergency lighting, and fire-fighting equipment. A fire risk assessment had been completed in May 2014 and was last reviewed on 7 April 2016. There was evidence that arrangements were in place to undertake regular tests of the fire alarm system. Fire exits and corridors were observed to be clear of clutter and obstruction.

A review of the service users' internal environment was undertaken and was found to be welcoming, fresh smelling and clean throughout. Day care is provided in two activity rooms in the Bryansford Road centre which are also used for dining space at lunch and break times. There is a kitchen, a staff office, manager's office, male and female toilet and disabled toilet in the centre. It was observed that the office was cluttered and disorganised and in need of attention.

Externally there is a gardening space where a horticulture project is delivered called Pumpkin Pastures. This project is incorporated into the Bryansford Road registration. On the day of inspection there were no service users present in this area; however, there was evidence that service users were using the space. The area was found to be disorganised with various trip hazards noted. The registered provider must ensure all parts of the regulated service are suitably maintained and fit for purpose and a requirement is made in the "well led" section of this report.

Areas for improvement

Three areas were identified in regard to the inspection of this domain. These relate to the review of the role and responsibility of members of staff who accompany service users to day care, the need to ensure these staff receive training and supervision, and the maintenance of all parts of the regulated service.

Number of requirements	2	Number of recommendations	1
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4.3 Is care effective?

Five care records were selected for review and included records for service users who require additional staff support. The review confirmed that these records were generally maintained in

line with legislation and standards. All records included a photograph of the service users; assessment of needs; "information about me" risk assessments; care plans and care reviews; and a service user agreement. Records were observed to be stored securely.

There was evidence in service users' records of the input provided by other professionals, such as Speech and Language Therapists, Psychologists, Positive Behaviour Team and Occupational Therapists. Staff described these inputs as being valuable, and ensured that the care delivered to service users was effective.

There was no evidence in two care plans examined to explain why the service users required additional support of 1-1 or 2-1 staff in the day care setting. One care plan referenced historical incidents; however, these in the main referred to the service user's home setting. A review of the incident records found no incidents relating to the identified service user over the past year. This information was confirmed in discussions with the staff members who accompany the service user. There was no evidence in the two identified annual care reviews that these support/supervision arrangements had been reviewed. It is recommended that a review of the support/supervision arrangements for the identified service users is undertaken. Care plans should be revised to include any specific behaviour plan agreed at the review and any risks relevant to the day care setting must be clearly identified.

A further care plan lacked detail regarding the care and support a service user with a visual impairment required. The inspector observed the service user struggling to get out of a chair and although the service user had a white cane to identify obstacles, the cane was not used appropriately and it was noted that staff did not respond or encourage the appropriate use of the cane. It is recommended that this care plan is revised and includes the specific assistance and support to be provided to the service user. This service user spoke to the inspector and stated that although some staff knew how to support a person with sight loss, not all staff had this awareness. It was noted that the registered manager had organised specialist training for the staff team; however, it is recommended that management ensure all staff receive training on how to support a service user with sight loss.

Care staff stated there was effective teamwork and those who were interviewed spoke of the support available that included quarterly supervision, daily briefs, staff meetings and informal communication on a daily basis. Care staff observed during the inspection clearly demonstrated the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff related if they had any concerns, they would raise these with the senior support worker or the registered manager, and confirmed that the registered manager operated an open door policy.

Information in relation to how to make a complaint was included in the service user guide and was displayed in the entrance to the centre. The complaint record reviewed corresponded with the information in the returned complaint form submitted to RQIA for the period 1 April 2015 to 31 March 2016. Discussion was held in relation to one recorded complaint and the action that was to be taken. Records examined indicated arrangements had been made to hold a meeting with the person making the complaint; however, this meeting had been cancelled and no further

action had been taken. The regional manager reported that it was her understanding the issues had been addressed in an open parents' meeting. However, the minutes of the meeting did not

support this information. It is recommended that the complaint record must detail the action taken and detail if the person making the complaint was satisfied with the outcome of the action taken. Service users consulted were aware all of how to raise any issues or concerns and named staff they would talk to in these circumstances.

Areas for improvement

Areas for improvement were identified in relation to identified care plans, care review, staff training and complaint records.

Number of requirements	0	Number of recommendations	4
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4.4 Is care compassionate?

Service users confirmed that management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities. It was evident that staff knew each service user well and was familiar with their interests and preference; conversations were respectful and appropriate.

Assistance when required was undertaken in a discreet manner and there were good examples of staff using diversion techniques when needed. Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

Systems were in place to ensure that service users and their representatives were involved and communicated with about the issues that affect them. Not all service users could comment on how they were involved in their care due to their non-verbal communication; however, records examined relating to annual care reviews and observations provided evidence that service users were fully involved in planning their care and that their views and preferences were valued by staff.

There was a relaxed ambience throughout the day and service users were observed chatting amongst themselves; it was evident they had developed good relationships and enjoyed each other's company. All of the service users consulted commented very positively on the quality of care and their enjoyment of attending the centre.

Discussions with service users along with observations of practice during this inspection confirmed that service users were supported to engage and participate in different activities. The inspector was informed about a recent craft fayre held to celebrate their anniversary; service users obviously enjoyed and were pleased with the attendance at the fayre and the outcome of the event.

On the day of inspection, staff and service users were working on seasonal decorations and costumes for the forthcoming Halloween festivities and it was evident that service users were enjoying this experience. In the afternoon a group were baking apple crumble and were

involved in lively discussions about the forthcoming festive party. Throughout the day service users were observed participating in a makaton choir, painting and general discussion. It was evident that the activities were based on service users' interests. A daily report sheet is

maintained for each service user and details the activity provided, the reason for same and the service users' views on the activity; staff reported this enables them to plan or change activities based on the comments received.

Service users confirmed that they were listened to, valued and communicated with, in an appropriate manner and this was evident throughout the periods of observations. Members of staff who met with the inspector advised how service users choose what they want to do and provided examples of when they individually had afforded choices to service users.

The views of service users are sought during the monthly quality monitoring visits and these were viewed in the monthly reports for July, August and September 2016.

Informally, service users are consulted on a daily basis in discussions with staff and the management team. Formally they are consulted during the quarterly service users' meetings; and during the annual quality assurance survey issued to gain views on the quality of the day service in the day centre. The inspector was informed that the findings from the annual survey are collated into the annual quality review report.

Service users spoken with during the inspection commented positively in regard to the care they received. One service user raised an issue in relation to the unfairness of the provision of transport for new service users, and with their consent this was passed to the management team to address.

The staff, service users and a relative who returned a questionnaire indicated overall satisfaction with the provision of compassionate care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The day centre is managed by a registered manager who has support from a senior day care worker and a team of care staff.

Discussion with staff evidenced that there was a clear organisational structure within the day care setting. Staff were able to describe their roles and responsibilities and were fully aware of the organisational structure within the day care setting and the organisation, and with their lines of professional accountability. A record of staff registration with NISCC is maintained and was found to be up to date.

On the day of inspection the regional manager attended the inspection and reported she was recently appointed and was becoming familiar with her role and responsibility.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. There was

evidence that the policies had been reviewed in 2016. Staff confirmed that they had access to the day centre's policies and procedures at all times.

The certificate of registration issued by RQIA was displayed in a prominent position in the entrance to the day care setting.

A regular audit of accidents and incidents was undertaken and was available for inspection. The audit outcomes are used to identify trends and to enhance service provision. It was noted that one accident dated 25 July 2016 involved a service user availing of medical attention. This accident required notification to RQIA and should be submitted retrospectively.

Discussion was held with the regional manager and following the inspection with the registered manager on the telephone, regarding the range of needs of service users, particularly those service users with complex needs accommodated in the service and the limitations of the building. A review of the statement of purpose should be undertaken to include the range of needs of the service users attending the day care centre and the number of service users that can be safely accommodated.

As part of this review, management should consider the external space available and consider if the area known as Pumpkin Pastures should remain part of the registration as in its current state is not fit for purpose. The revised statement of purpose should be submitted to RQIA with the returned QIP.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives and RQIA.

It was evident from observations and discussions with staff that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

Two areas for improvement were identified in this domain and relate to the review of the statement of purpose and the registration status of Pumpkin Pastures, and the need to ensure all notifiable accidents are reported to RQIA.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Christopher Twinem, senior day care worker and Catherine Price, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 26 (1) Stated: First time To be completed by: 31 December 2016	<p>The registered provider must ensure all parts of the premises used for the purpose of day care are fit for purpose. (This refers specifically to the area known as Pumpkin Pastures).</p> <p>Response by registered provider detailing the actions taken: Pumpkin Pastures is in the process of being deregistered. There is no access to Pumpkin Pastures until further notice.</p>
Requirement 2 Ref: Regulation 4 (1) (a) (b) (c) Schedule 1 Stated: First time To be completed by: 31 December 2016	<p>The registered provider must revise the statement of purpose and ensure it includes all the matters detailed in Schedule 1.</p> <p>The registered provider should consider the range of needs of service users, particularly those service users with complex needs, and identify the number of service users that can be safely accommodated.</p> <p>Response by registered provider detailing the actions taken: The statement of purpose has been updated to include complex needs, challenging behaviour, visually impaired, deployed staff from other units and the reduction of service users from 25 to 20 attending the service.</p>
Requirement 3 Ref: Regulation 20 (1) (iv) Stated: Second time To be completed by: 31 December 2016	<p>The registered provider must undertake a review of the role and responsibility of members of staff who accompany service users to day care. Guidance should be provided for the registered manager and staff on their responsibilities and duties to be undertaken.</p> <p>Response by registered provider detailing the actions taken: A review of the role and responsibility of deployed staff who accompany service users to day care is provided to the RM and the staff team.</p>
Recommendations	
Recommendation 1 Ref: Standard 5.2 and 5.7 Stated: First time To be completed by: 31 December 2016	<p>The registered provider should review :</p> <p>(a) the care plans of those service users who require the constant support/supervision of staff to ensure they detail the specific management or supervisory arrangements for each service user.</p> <p>(b) the care plan for a service user with sight loss is revised and includes directions for staff regarding the assistance and support the service user needs.</p> <p>(c) ensure risks relevant to the day care setting are clearly identified.</p>

	<p>Response by registered provider detailing the actions taken:</p> <p>(a) The care plan has been updated to include constant support and supervision of the service user whilst in day care.</p> <p>(b) The care plan has been updated to include directions for staff to aid and assist visually impaired service user needs.</p> <p>(c) All risks relevant to the day care setting are updated and clearly identified.</p>
<p>Recommendation 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<p>The registered provider should ensure a care review for those service users who require additional staff support/supervision arrangements is undertaken. This review should consider the support/ supervision required in the day care setting.</p> <p>Response by registered provider detailing the actions taken: A care review meeting will be held to ensure that correct staff support/supervision is in place for service users who require additional staff report.</p>
<p>Recommendation 3</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<p>The registered provider should ensure all staff receive training to support and assist service users with visual impairments.</p> <p>Response by registered provider detailing the actions taken: RM has arranged training for all day opps and additional staff in Jan 2017 to support and assist service users with visual impairments.</p>
<p>Recommendation 4</p> <p>Ref: Standard 21.4 and 22.2</p> <p>Stated: First time</p> <p>To be completed by: 31December 2016</p>	<p>The registered provider should ensure all staff deployed to the day care setting are in receipt of the necessary training and appropriate supervision in the day care setting.</p> <p>Response by registered provider detailing the actions taken: The RM has arranged training in 2017 for all staff deployed to day care. The RM will also provide 2 group supervisions a year for all deployed staff.</p>
<p>Recommendation 5</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<p>The registered provider should ensure the complaint record provides detail of the action taken and if the person making the complaint was satisfied with the outcome of the action taken.</p> <p>Response by registered provider detailing the actions taken: The RM will ensure that all complaints are recorded correctly and this will include a record of what actions have been taken to address any complaint. The record shall also identify communication feedback to the complainant and their satisfaction with the actions taken to address the complaint.</p>

<p>Recommendation 6</p> <p>Ref: Standard 17.4</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<p>The registered provider should ensure that notifiable accidents are reported to RQIA. The identified accident report should be retrospectively submitted to RQIA.</p> <hr/> <p>Response by registered provider detailing the actions taken: All notifiables are reported to RQIA. The identified accident report was forwarded to RQIA on 07/12/16.</p>
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