

Unannounced Care Inspection Report 21 February 2019



Willowbank Day Centre

Type of Service: Day Care Service

**Address: The Junction, 12 Beechvalley Way, Dungannon,
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Tel No: 02887448438

Inspector: Angela Graham

www.rqia.org.uk

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 that is registered to provide care and day time activities for up to 15 service users. The service meets the needs of adults who may have a range of needs associated with physical disability, brain injury, sensory impairment and/or a learning disability. The day care setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Willowbank Ltd Responsible Individual: Ann McGlone	Registered manager: Ann McGlone
Person in charge at the time of inspection: Kathleen Lappin, Deputy Manager	Date manager registered: 20 December 2016
Number of registered places: 15	

4.0 Inspection summary

An unannounced inspection took place on 21 February 2019 from 09.15 to 15.55.

This inspection was underpinned by 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 previous 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, knowledge regarding adult safeguarding, infection prevention and control that promoted safe care. Regarding effective practice, examples of good practice were found in relation to service user reviews and communication between service users, staff and other key stakeholders. Good practice was also found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users. Finally, good practice was found in relation to governance arrangements and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding staff supervision, annual appraisal and Regulation 28 monthly quality monitoring visits.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I like coming to the centre and taking part in the art classes as this is my favourite thing to do when I am here"; "staff are kind and helpful, they are as good as my friends" and "I am very happy here".

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

Details of the Quality Improvement Plan (QIP) were discussed with Kathleen Lappin, 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 23 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 March 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
- Written and verbal communication received since the previous care inspection
- Incident notifications that highlighted that no incidents had been notified to RQIA since the last care inspection on 23 March 2018
- The previous care inspection report and QIP
- Pre-inspection assessment audit.

During the inspection, the inspector met with deputy manager and two support workers. Introductions were made to service users during the course of a walk around the setting; with individual interaction with four service users.

The deputy manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Eight service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

At the request of the inspector, the deputy 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. Three responses were received within the timescale requested. The content of the questionnaires is discussed in the main body of the report.

The inspector requested that the deputy manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users and relatives who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to the deputy manager to be displayed in the day care setting for service users.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Fire drill records
- Fire risk assessment findings dated 19 January 2019
- Staff training information
- Minutes of five staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the deputy manager, service users and staff for their involvement in the inspection process.

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 March 2018

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 23 March 2018

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 21.3 (b) Stated: First time To be completed by: From the inspection date	The registered person shall ensure that all staff have the qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the deputy manager confirmed that this area for improvement had been addressed. A review of a sample of staff training records confirmed since the last care inspection staff had attended mandatory and additional training to support them in their roles.	
Area for improvement 2 Ref: Regulation 21.1 (b) (c) Stated: First time To be completed by From the inspection date	The registered person shall not employ a person to work in the day care setting unless he has obtained in respect of that person the information and documents specified in Schedule 2 of the regulations.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the deputy manager confirmed that this area for improvement had been addressed. No new staff had been recruited since the previous care inspection however the deputy manager confirmed that the organisation's application form had been updated to include all relevant details. The deputy manager also confirmed that all information and documents specified in Schedule 2 would be obtained prior to a staff member commencing employment.	

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 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.

Discussion with the deputy manager, staff and service users on the day of inspection confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The deputy manager was able to describe contingency measures that would be taken to ensure the safety of the service users if staffing levels could not be provided on any given day. A review of the staffing roster for weeks commencing 21 January until 21 February 2019 evidenced that the planned staffing levels were adhered to. Records showed the numbers of staff working each day and the capacity in which they worked. No concerns were raised regarding staffing levels during discussion with service users and staff.

The deputy manager confirmed that there has been a consistent staff team working in the day centre and that no new staff have been employed since the previous inspection. In addition, discussions with the deputy manager confirmed that there was also an appropriate induction process in place for any new staff who may be employed.

A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the registered manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities. Discussion with the staff member confirmed that they were willing to undertake this role.

Observation of and discussion with staff on duty demonstrated a clear understanding of service users' needs and how those needs should be met. They described the training they received as effective and of a good quality. Discussion with staff and review of a sample of staff training records concluded staff had received mandatory since the previous care inspection such as first aid, moving and handling and adult safeguarding. It was positive to note that staff received training in addition to the mandatory training requirements such as: continence promotion and nominated fire officer training.

The deputy manager advised that staff have access to a rolling mandatory training programme; this was confirmed during discussion with staff, who advised that they had access to training to support them in meeting the roles and responsibilities of their job.

The deputy manager advised there had been no recent safeguarding referrals in the setting and that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained. In addition discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

The deputy manager confirmed that adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with the deputy manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals.

Staff demonstrated knowledge of how to escalate any concerns and how to liaise with the multi-disciplinary team as needed. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the setting's whistleblowing policy and were able to access it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Observation of the environment confirmed that the setting was warm, clean, odour free and had suitable lighting. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, safety checks of fire doors; fire extinguishers and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 28 February 2018. The deputy manager confirmed that a further fire drill was scheduled for 25 February 2019. A fire risk assessment had been undertaken on 19 January 2019 and the deputy manager confirmed there were no outstanding actions. Discussion with staff confirmed they were aware of the evacuation procedure. The discussion with the deputy manager confirmed that the furniture, aids and appliances were fit for purpose for the needs of service users.

Infection prevention and control measures were in place. Measures included the availability of hand sanitiser around the setting, and supplies of liquid soap and hand towels mounted on the walls. Staff had effective access to gloves and aprons as required. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users' needs. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC).

Discussion with service users regarding is care safe revealed they knew that staff were around to help them and they were confident if they asked for help they would get the best care.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "This place is safe for me to come. I am in a wheelchair and staff keep me safe when I am here."
- "All is good here and there is plenty of space in the centre to move around in my wheelchair."

Staff comments:

- "I feel the care here is very safe and as staff we ensure the service users are kept safe in the centre and when we are out on trips."
- "We are offered good training that includes fire safety and adult safeguarding."

Eight service users returned questionnaires to RQIA. The service users confirmed they were "very satisfied" or "satisfied" regarding questions on "is care safe" in this setting. The service users confirmed there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

Three staff returned questionnaires to RQIA post inspection. The staff confirmed they were "very satisfied" regarding questions on "is care safe" in this setting.

On the day of the inspection Willowbank Day Care was found to be delivering safe care. There was positive feedback from four service users about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control and knowledge and competency in respect to safe care.

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 effective?

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

The inspector reviewed the day care settings 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 within the Statement of Purpose.

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

Discussion with the deputy manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. There was recorded evidence of multi-professional collaboration.

Discussions with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Staff described care practices that were focused on providing the right support safely and effectively. Staff described they effectively communicate with each other, service users' and relatives, and that any change in a service user's needs or concerns are discussed or reported in a timely manner. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

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. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed.

Discussion with the deputy manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service user's regarding their right to advocacy support and the role of the Patient and Client Council (PCC).

Staff stated that there was effective communication and team work which ensured that safe and effective care was provided to service users. The deputy manager and staff spoken with advised that there has been a consistent staff team for a number of years, which they reported had a positive impact on the experience of service users and helped develop working relationships. Staff were aware of their roles and responsibilities and lines of accountability.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, fire safety and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussion with, and observation of service users and staff confirmed that service users had access to a variety of activities to suit individual needs. Staff also support service user's involvement in activities within the wider community, including outings to shops and local restaurants.

Discussion with service users and staff on the day of inspection evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "I enjoy the bowling and the painting that we do in the centre."
- "The care I get is very good and the staff help me when I need help."
- "I really enjoy coming to the centre and it is a big part of my life."

Staff comments:

- "Care plans are always kept up to date and if any changes occur we record them. We refer service users to the appropriate professionals as needs arise."
- "The care we deliver is person centred and reflects the service users' abilities and choices."

Eight service users returned questionnaires to RQIA. The service users confirmed they were "very satisfied" or "satisfied" regarding questions on "is care effective" in this setting. The service users also confirmed that they had got the right care, at the right time in the right place, staff knew their care needs, they were aware of their care plan and the care met their expectations.

Three staff returned questionnaires to RQIA post inspection. The staff confirmed they were "very satisfied" regarding questions on "is care effective" in this setting.

The evidence indicates that the care provided in Willowbank Day Care is effective in terms of promoting each service user's involvement, development, enjoyment and wellbeing.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user reviews and 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

6.6 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 inspection 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 staff encouraged them to engage with the inspector.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre.

Discussion with and observation of service users and staff interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence. Service users related positively to staff and each other. The atmosphere was relaxed and service users were observed engaging spontaneously and enthusiastically with staff.

Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations. The inspector observed on numerous occasions, staff offering service users choice regarding the activity they wished to do or where they wished to go. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure them as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as flower arranging, yoga, Indian head massage, boccia, creative crafts, games, pottery and outings to local shops and restaurants. There was also evidence that the deputy manager was proactive in developing an activity programme which promoted new opportunities and new skills.

Service users meetings also take place within the day care setting. The deputy manager confirmed that service user meetings were held generally monthly. The minutes of the three most recent service users' meetings were reviewed during this inspection.

The meetings had taken place on: 6 December, 12 November and 23 October 2018. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. The inspector noted some of the areas recently discussed during meetings included activities, outings, staffing and meals.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "I love coming to the centre. Staff are lovely and always helpful."
- "We have meetings and talk about how we want to spend our day. Staff always ask my view and are very respectful to me."

Staff comments:

- "We work hard in the centre to ensure the ladies and gentlemen have an enjoyable day."
- "The service users come first and we encourage them to feel free to express what they want to do when they are here."

Eight service users returned questionnaires to RQIA. The service users confirmed that they were "very satisfied" or "satisfied" regarding questions on "is care compassionate" in this setting. The service users also confirmed that they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Three staff returned questionnaires to RQIA post inspection. The staff confirmed that they were "very satisfied" regarding questions on "is care compassionate" in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement 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 registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the deputy manager confirmed that staff had a good understanding of their role and responsibilities under the legislation.

The Statement of Purpose for the day care service was reviewed and updated by the registered manager in March 2018. The document describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (Northern Ireland) 2007. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

Positive feedback was provided by staff in respect of leadership they received from the registered manager and the deputy manager and effective team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by management.

Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

The deputy manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies and procedures were maintained in a manner that was easily accessible by staff.

A review of the supervision schedule for three care staff identified that supervision had not been undertaken on a quarterly basis in line with Standard 22.2 of the Day Care Settings Minimum Standards, January 2012 for one care staff member. This has been identified for an area for improvement.

A review of appraisal records for three care staff identified an annual appraisal had not been undertaken in line with Standard 22.5 of the Day Care Settings Minimum Standards, January 2012 for one care staff member. This has been identified for an area for improvement.

Discussion with the deputy manager confirmed that staff meetings were held generally weekly, and records verified this. The last meeting was held on 19 February 2019 and minutes were available. Previous staff meetings had been undertaken on 4 February, 31, 21 and 18 January 2019. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. The deputy manager confirmed that the minutes of the meetings were made available for staff to consult.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection. The complaints procedure was displayed in areas throughout the day centre.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by an independent monitoring officer. The monitoring officer reported on the conduct of the day care setting. Review of Regulation 28 monthly quality

monitoring visits identified that a monitoring visit had not been undertaken in August and December 2018. This has been identified for an area for improvement.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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 deputy manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition the deputy manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

Discussions with service users, staff and the deputy manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Individual person centred care
- Individual risk assessment
- Disability awareness.

Discussion with service users and staff on the day of inspection revealed that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "This place runs without any problems, I think it is a good centre."
- "The manager and all the staff are great. They are always around to help."

Staff comments:

- "I feel we work well as a team to ensure the service users have a good day in the centre. Kathleen is very supportive and approachable."
- "We are offered good training and I have regular supervision. The policies and procedures are available to all staff."

Eight service users returned questionnaires to RQIA. The service users confirmed they were "very satisfied" or "satisfied" regarding questions on "is care well led/managed" in this setting. They confirmed that they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Three staff returned questionnaires to RQIA post inspection. The staff confirmed they were - "very satisfied" or "satisfied" regarding questions on "is care well led/managed" in this setting.

On the day of the inspection there was evidence of effective leadership and management in Willowbank Day Care and a culture focused on the needs of service users.

Areas for improvement

Three areas for improvement were identified in this domain in relation to staff supervision, annual appraisal and Regulation 28 monthly quality monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathleen Lappin, 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	
Area for improvement 1 Ref: Regulation 28 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person must ensure that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: In-line with the inspector's recommendations monthly monitoring visits will be carried out accordingly. If in the event the monitoring officer cannot carry out a visit RQIA will be contacted immediately and another appropriate officer will be appointed to carry out the visit in compliance with Regulation 28.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 22.2 Stated: First time To be completed by: 31 March 2019	<p>The registered person should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: In compliance with Standard 22.2 all staff will receive recorded, formal supervision in accordance with day care settings.</p>
Area for improvement 2 Ref: Standard 22.5 Stated: First time To be completed by: 31 March 2019	<p>The registered person should ensure that 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: 6.7</p> <p>Response by registered person detailing the actions taken: In compliance with Standard 22.5 all staff will have a recorded, annual appraisal in which their line manager will review their performance against their job description.</p>



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