

# Unannounced Day Care Setting Inspection Report 17 October 2016



## Enler Day Centre

Type of service: Day Care Setting

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Inspector: Suzanne Cunningham

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Enler Day Centre took place on 17 October 2016 from 10.00 to 16.00 hours.

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?

The inspection of staff duty rotas, supervision dates, training records; observations of the setting; discussions with service users and staff provided evidence the care delivered was safe on the day of the inspection.

The staff in Enler Day Centre were observed responding to a range of service users' needs. The service users said the staff were supportive. There was evidence the staffing levels were lower than described in the settings statement of purpose. There was also documentation that described a general concern the staffing levels had or could fall below a level that was responsive to service user's needs, welfare and safety. The setting had responded to this by using temporary staffing arrangements. Nevertheless there was no documentation that described what ratio of staff was required to care for service users safely in this setting.

The manager had been absent from the setting for a significant amount of time. This had not been notified to RQIA via the RQIA written notification process for consideration and approval. Furthermore there were no competency assessments available for staff who had acted up in the manager's absence.

Overall the inspection of "is care safe" concluded the setting had not complied with: regulation 20 (staffing arrangements); and regulation 30 (absence of the manager). Within 24 hours the trust proposed an arrangement for the manager to return to Enler and resume their management oversight of the setting on a part time basis. This was acceptable and compliant with regulation 30. Two requirements are made for the settings records to evidence the number of staff on duty is adequate to meet the service users' needs; and there is evidence the staff who act up in the managers absence are competent.

### Is care effective?

The inspection of four service users individual care records, review of the notifications and incident recording, complaints recording, discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and the outcome was written into a plan. Review and monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective" concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

**Is care compassionate?**

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Staff were observed listening to service users, seeking their views and communicating with them in a supportive and caring manner.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

**Is the service well led?**

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities.

Documents and records inspected such as monthly monitoring reports; and staff meeting minutes evidenced there was improvement that should be put in place to promote minimum standards of care and quality improvement in the setting.

Overall the inspection of “Is the service well led?” identified four areas for improvement that should be put in place to ensure the service is well led. They were the annual report should be written for 2015/2016 and submitted to RQIA with the completed QIP for this inspection. The content of the monitoring report should be improved regarding the analysis of staffing and the monitoring reports should be forwarded to RQIA for the next three months. The staff meeting format and minutes should be improved.

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

**1.1 Inspection outcome**

	<b>Requirements</b>	<b>Recommendations</b>
<b>Total number of requirements and recommendations made at this inspection</b>	5	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Janette Hewitt, 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 estates inspection**

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 07 January 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast HSC Trust/Mr Martin Joseph Dillon	<b>Registered manager:</b> Mr Gerard Robinson
<b>Person in charge of the service at the time of inspection:</b> Janette Hewitt, Senior Day Care Worker	<b>Date manager registered:</b> 27 August 2015

## 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Belfast Health and Social Care Trust
- Incident notifications which revealed 10 incidents had been notified to RQIA within the last 12 months
- Unannounced care inspection report 19 May 2016 and trust response to the inspection
- Announced Estates inspection report 07 January 2016 and trust response to the inspection.

During the inspection the inspector met with:

- The senior day care worker
- Five staff
- 20 service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in The Enler day centre. None were returned by service users, by staff and by relatives at the time of writing this report

The following records were examined during the inspection:

- Four service users' care files
- A sample of four service users' daily records
- A sample of the staff activity planners for September and October 2016
- The complaint/issue of dissatisfaction record which had no entries recorded from April 2015 to October 2016
- The minutes of service user meetings 18 May and 05 September 2016
- A sample of the team meeting minutes for April, June and August 2016
- Staff supervision dates for 2016

- Two staff records
- The monthly monitoring reports for January, March, April, May, June, July 2016 and August 2016
- Staff training information for 2016
- Statement of Purpose
- Service Users Guide

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 07 January 2016

The most recent inspection of the establishment was a premises inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next Estates inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 19 May 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	<p>The registered person must make appropriate arrangements for the service user's individual records including the care plans to be improved in the area of continence management, promotion and support.</p> <p>The plans should include the service user's preferences regarding their continence care, specific details regarding what type of product is being used, who will supply the products, reference to the continence assessment or details regarding the assessment, who the professional contact is regarding any concerns and the process to be followed if there is a need for the assessment to be reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b>            Inspector confirmed assessment information and plans were in place for those service users who had been identified as needing support in this area.</p>	<b>Met</b>
<b>Requirement 2</b> <b>Ref:</b> Regulation 28 (4)	<p>The registered person must make appropriate arrangements to improve the monthly monitoring reports for this setting.</p> <p>The content should be improved to include</p>	<b>Partially Met</b>

<p><b>Stated:</b> First time</p>	<p>details regarding the monitoring of files; review arrangements, do assessments inform care plans; are staffing numbers adequate; are staff receiving adequate training and support to meet needs of setting and service users. Generally the reports could focus on minimum standards and day care settings regulations. Furthermore any actions identified must be reviewed on the follow up visit to evidence improvement or detail additional actions required.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> Inspector sampled the monthly monitoring reports from January to August 2016 which confirmed the above improvements had been integrated into the monitoring process, however the analysis of staffing should be further improved.</p>	
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time</p>	<p>The registered person should make appropriate arrangements for the settings policies and procedures to be audited and updated. The following policies and procedures were specifically identified for review during this inspection:</p> <ul style="list-style-type: none"> <li>• continence management</li> <li>• continence promotion</li> <li>• Infection control</li> <li>• service users' meetings and forums</li> <li>• communications with carers and representatives</li> <li>• communicating with service users who have a diagnosis of dementia</li> <li>• service users' involvement in activities and events</li> <li>• Inspections of the day care setting</li> <li>• consent</li> <li>• management, control and monitoring of the setting.</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> The above were available for staff reference at the time of inspection.</p>	

### 4.3 Is care safe?

The trust had met with RQIA in February 2016 when they proposed a plan for the manager of Enler to manage another trust setting. This had been accepted by RQIA however the formal notification of the absence of the manager not been sent to RQIA. The discussion with the senior day care worker revealed the registered manager was not in the setting on the day of the inspection and he had not been in the setting as the manager for a significant amount of time, possibly a year. The Day Care Setting Regulations (NI) 2007 state if a manager is absent for a continuous period of 28 days or more the registered provider will notify RQIA of the proposed absence including the cover arrangements. This omission was discussed with the assistant service manager for this day care setting during the inspection. The trust agreed to send the appropriate form to RQIA as a matter of urgency. The trust also sent a plan to RQIA on 18 October 2016 which detailed Gerry Robinson will be present in Enler Day Centre every Tues and Thursday morning from 10-12 commencing from 20 October 2016. These arrangements satisfied RQIA the registered manager will have oversight of the setting. Furthermore he will no longer be absent from the setting for a continuous period of 28 days.

The delivery of safe care in any day care setting depends on the right number of staff being available in the setting to deliver care and staffing arrangements must take into account the staff qualifications, experience, competence, role and responsibilities. Discussion with the senior day care worker identified she did not have a record of the staff rota to evidence what staff were on duty on each day, in what capacity they worked, and who was in charge of the setting. They did have an activity planner that recorded what staff were delivering named activities and who was floating between rooms to meet intimate care needs. The records showed a significant fluctuation in the number of staff working each day.

The statement of purpose described there was 12 staff in the core team including the manager and the senior day care worker. Staff numbers in the activity record ranged from four staff plus the assistant manager to seven staff. The records showed they had not been fully staffed in September or October. Discussion with staff confirmed the absence of the manager in the setting and they had been significantly short staffed since May 2016. There was no system or record available that evidenced what was the safe number of staff required daily to meet the needs of the service users attending Enler.

The staff arrangements were cross referenced with the monthly monitoring reporting and the senior day care workers supervision records. This showed the staffing numbers and staffing arrangements were identified as a risk in August 2016. A risk assessment was subsequently written on 11 August 2016 which detailed controls that should be put in place if there is inadequate staff numbers to meet assessed needs of the service users. The risk assessment did not state what number of staff was needed to care for service users safely and effectively. One requirement is made for the manager to maintain a record or system that evidences at all times there is sufficient, qualified, competent and experienced persons working to meet the assessed needs of the service users. This should include a duty rota, a needs analysis for service users' and the minimum number of staff required to meet their needs.

The staff competency assessments for the staff who had acted up in the manager's absence, since the last inspection were not available for inspection. The senior day care worker advised these had not been completed. Staff competency to undertake roles and responsibilities that are in addition to their substantive post must be evidenced to ensure the staff acting up know what the role and responsibilities entail; that they have the skills, training and knowledge to act up, and they are willing to take on the additional responsibilities. Evidence of staff competency



is required by regulation 20 (1) (a). This must be improved and a requirement is made in this regard.

On the day of the inspection the walk around the setting revealed there was staff in three of the rooms delivering activities. No service users were left alone and observation did not reveal any unmet needs during this inspection.

Two staff files were inspected; the most recent file provided evidence that staff commenced their job following satisfactory pre-employment checks undertaken by the trust. There was a staff induction policy in place. An example of an induction programme was reviewed which showed induction was based on understanding processes, policies and procedures; training and reflecting on their learning, understanding and own personal development.

Supervision arrangements were inspected for staff. The supervision records for 2016 showed staff had received one individual supervision session no less than once every three months. The supervision meetings followed a set agenda including staff progress, service users and their records, activities, complaints and compliments.

The staff training record was inspected for 2016. The staff mandatory training record detailed they undertook and range of training such as fire safety; infection control and vulnerable adult training. This record and discussion with the senior day care worker confirmed the staff had or will receive the required training to safely undertake the duties of their role in 2016.

There was room based activities available on the day of the inspection such as crafts, quizzes and chair exercises. The service users could engage with what activities they wanted to take part in. Observation revealed staff support was provided in accordance with their assessment; to ensure service users were safe. During the inspection staff were observed encouraging and enabling individuals to experience the benefits of social interaction with other service users.

The care was delivered in a range of rooms that accommodated small groups, physical activities, crafts and quiet time/relaxation. There was also a dining area and bathrooms, which were all observed as accessible. The day centre environment presented as user centred by displaying crafts and pictures of the craft activities they had completed.

The walk around the environment identified there was infection prevention and control measures clearly displayed and fire exits were observed as clear. Overall the environment was functional for this group, warm, comfortable and the lay out promoted freedom of movement for all service users. No obvious hazards internally or externally were noted.

Twenty service users were consulted with during the inspection. Overall they described safe care had been delivered by staff in the day care setting. They described staff help them when they need it and make sure they have activities to do. If they needed to speak to staff they said they could speak to any of them. Their only concern was the staffing numbers had reduced. They described staff were busy and the reduction in staff had impacted on their opportunity to do some planned activities.

The staff discussion confirmed the staff numbers on duty had been less than they would like since May 2016. This was due to one planned staff absence, sick leave and one vacant post. They described they had worked together to ensure they addressed risk and need and had provided safe care; in a safe environment. However, the staff said on reflection they were concerned that the planning regarding safe practice was not realistic and they were relieved no incidents happened due to a lack of staffing. They stated the staffing numbers had improved



over September and October and whilst they were still operating with low staff numbers (on average 4 out of 12 were absent), this was a significant improvement from their experience during the summer. The staff described they work well together and are open with each other about challenges to ensure they support each other. The staff identified they needed their manager back in the setting. They said he had promoted staff reflection, promoted development and this had led to improvements.

### Areas for improvement

Two requirements are made for the settings records to evidence the number of staff on duty is adequate to meet the service users' needs; and evidence staff who act up in the managers absence are competent to undertake the additional role and responsibilities.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

The content of the Enler day centre statement of purpose was sampled. This accurately described the registration details of this service and the service user group observed during this inspection.

The inspection of four individual service user care files showed each service users' needs had been assessed and this confirmed their needs were consistent with the service admission criteria. The assessment had been used to draw up a plan with the service users, their relatives or representatives. This had been reviewed at least annually to ensure the care provided was appropriate to meet the service user's health and social care needs. The files inspected provided evidence the care described in the statement of purpose was being put into practice and this was enabling staff to care for service users effectively. Positive outcomes were recorded for service users in terms of their confidence in the setting, social inclusion and overall enjoyment of attending day care.

The recording formats used to assess and plan for service user's detailed information that was compliant with legislation, standards and best practice guidance. For example risk management information was clearly stated at the front of the file, assessments including moving and handling; transport; risk and personal care were completed. Review documentation included consultation with service users and the minutes were produced in a report signed by service users as evidence of their involvement and understanding.

The day care setting activity schedule was written and displayed for service user's reference in the day care setting dining room. The service users come to this room when they arrive to get refreshments therefore this was the most effective way to inform service users regarding their choices for the day. Staff and service users confirmed the activity schedule had been led by service users' preferences, choices and interests. However they also identified staffing numbers can impact on what is available.

Discussion with service users identified they liked being in the setting because they could take part in activities and it got them out of their home. If they didn't come to Enler they described they would be lonely and isolated. They described the care was effective because they were getting the right care and the staff knew what the service users needed.

Discussion with staff confirmed they were well informed regarding individual service users' needs and how they use them to develop the individual care plans and activity opportunities. The staff were aware the care plans must be suitable for this setting, staff must be skilled and there must be the right number of staff to meet the plan and the plans should enable positive outcomes to be achieved for the service users. The staff discussed consulting with the service user, their family and professionals involved and despite low staff numbers they had continued to record information to ensure information was current and relevant. This was a clear description of effective care and was contributing to service users getting the right care, at the right time, in the right place. Staff said staffing numbers promoted effective care when all of the staff team was in post with their manager present in the setting. They discussed they had more time in the past to reflect on what they had achieved and use this to implement innovative and creative ideas.

### Areas for improvement

No areas for improvement regarding effective care were identified during this inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

This inspection included consultation with 20 service users in Enler Day Centre. The inspection also included observation of the afternoon activities, and refreshments being served in the dining room. The discussion with service users concluded they felt care was compassionate. They gave examples of how staff had helped them when they needed help, facilitated activities they were interested in and made their day more interesting. They confirmed they can talk with staff openly and are encouraged to give their ideas, views and opinions. They did identify the staff are busy and they would like the manager to return.

Observation of care showed the staff were checking service users were comfortable. The staff sought all of the service user's opinion and involved all service users in the activity, even those who were quieter and may have otherwise not given their input. When the staff identified someone needed additional support they sensitively moved closer to the service user and provided individual care and privacy if required. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Records such as individual service users review documentation, annual service user survey report, the monitoring visit reports and the service user meeting minutes showed the management team and staff group have processes in place to involve service users and their relatives. The documentation inspected provided evidence their views had been sought in decisions about their care and their suggestions were used in the running of the day care setting. For example their suggestions regarding activities and outings.

### Areas for improvement

No areas for improvement were identified regarding compassionate care during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The senior day care worker was present during the inspection. The assistant service manager was also present for some of the inspection; she has the monitoring officer role for this setting. As discussed in the inspection of is care safe, the manager had not been present in this setting for a significant amount of time. The statement of purpose did not describe the change of management arrangements following the absence of the manager, nor was the absence of the manager reported to RQIA. Following this inspection the trust provided written assurance to RQIA that the manager will spend set time in the setting from 20 October 2016 which will address these inconsistencies and breaches of regulation.

The senior day care worker and assistant service manager provided examples of management and governance systems they have in place which ensure the setting is safe, well managed and service users' needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. Examples were the supervision minutes for the senior day care worker, the risk assessment for the absence of the registered manager, the risk assessment for the reduced staffing levels, monthly monitoring visits and the audits of the settings records and environment. These processes identified the risks the setting was managing such as a reduction in staff and the absence of the manager. The risk assessments listed what support and additional resources may be needed if the risk increased. The additional resources such as not starting any new service users and using agency staff had been implemented at the time of this inspection.

The staff meeting minutes were inspected for 30 August, 22 September and 11 October 2016. They showed the staff were reviewing the needs of the service users as a group however, there was little evidence of staff discussion regarding issues pertaining to the running of the day care setting such as the environment, staffing, staff development and service improvement. The staff meetings should be improved and detail the staff team are discussing, planning and improving their delivery of safe, effective and compassionate care. Improvements should be taken forward in a planned way; that is documented and monitored through the team meeting process and reflected in the minutes. A recommendation is made to improve the staff meeting outcomes in this regard.

The annual report for 2015/2016 had not been completed and therefore was not provided for this inspection. A requirement is made for this to be submitted to RQIA with the completed QIP.

The monthly monitoring visits and reports were inspected from December 2015 to September 2016. The reports available provided evidence the visits had taken place once per month as required by regulation 28. They described the conduct of the setting including a review of the staffing numbers on the day of the visit. This did not provide assurance staffing was adequate on any other day except the day of the monitoring visit and therefore did not provide an adequate analysis of the conduct of the setting. A requirement is made for the monitoring report to analyse the staffing arrangements in the setting within the context of the conduct of the day care setting and safe, effective care. A further requirement is made for the monitoring reports to be sent to RQIA for October, November and December to enable RQIA to monitor improvements in this regard.

The complaints record was reviewed and this revealed none had been received since April 2015 to October 2016. Compliments records were also recorded and maintained by staff.

The service users spoken to were aware of the management arrangements in the setting. They said they miss the manager and would like to see him return. They said the manager was accessible to them when he had been here and they could talk to any of the staff if they had suggestions or a concern.

### Areas for improvement

Four areas for improvement were identified regarding: the annual report should be written for 2015/2016 and submitted to RQIA with the completed QIP for this inspection. The content of the monitoring report should be improved regarding the analysis of staffing and the monitoring reports should be forwarded to RQIA for the next three months. The staff meeting format and minutes should be improved.

<b>Number of requirements</b>	3	<b>Number of recommendations</b>	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 Janette Hewitt, senior day care worker, 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 Settings 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 web portal 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

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 December 2016</p>	<p>The registered provider must develop a system that evidences at all times there is sufficient, qualified and experienced persons working to meet the assessed needs of the service users. (This could include a duty rota and a needs analysis/ overview of service users' needs which details how many staff are required to meet the needs).</p> <p><b>Response by registered provider detailing the actions taken:</b> Staff duty rota to include manager cover is maintained for reference to evidence staff on leave, training courses and sickness absence and to aid planning to ensure adequate staffing cover at all times. Service User Dependency Summary has been completed for each day with Daily staff allocation discussed at morning meetings. This evidences how individual service users identified needs are met and reflects the staffing complement on duty on any given day evidencing when the staff Risk Assessment needs to be implemented.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 December 2016</p>	<p>The registered provider must ensure staff competency assessments are in place for any staff who takes charge of the centre in the absence of the registered manager's. (A staff competency assessment should evidence the staff member has adequate knowledge of what the role and responsibilities of acting up entail; evidence they have the skills, training and knowledge to act up and confirm they are willing to take on the additional responsibilities).</p> <p><b>Response by registered provider detailing the actions taken:</b> Staff competency assessments have been completed with all Band 5 Day Care Workers. The competency assessments highlighted the main managerial tasks on a daily and weekly basis. Areas identified by staff as needing further development were discussed with awareness and training sessions provided by the Registered Manager. Following these sessions each Day Care Worker agreed and signed that they are competent and willing to provide cover in the Registered manager's absence.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 17 (1) Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 December 2016</p>	<p>The registered provider must submit the annual report for 2015/2016 to RQIA with the completed QIP.</p> <p><b>Response by registered provider detailing the actions taken:</b> Annual report has been completed by manager Gerry Robinson on the 25<sup>th</sup> November 2016. This will be forwarded with completed QIP.</p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 28 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 December 2016</p>	<p>The registered provider must improve the monitoring reporting with regard to the monitoring and analysis of safe staffing numbers in Enler day care setting. The monitoring report should detail staffing numbers in terms of the conduct of the day care setting and detail any risk management actions that were or will be put in place to ensure care is safe.</p> <p><b>Response by registered provider detailing the actions taken:</b> From November 2016 these issues will be clearly outlined and reported within the framework of the Monthly Monitoring Report.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 28 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 December 2016</p>	<p>The registered provider must ensure the monitoring reports for October, November and December are sent to RQIA following the visit.</p> <p><b>Response by registered provider detailing the actions taken:</b> October and November monitoring report already submitted to RQIA. December report will be forwarded by the Assistant Service Manager for the service when completed.</p>

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 23.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 December 2016</p>	<p>The registered provider should make appropriate arrangements to improve the staff meeting format and minutes. The staff meetings should detail what the staff team have discussed, plans and their delivery of safe, effective and compassionate care. Improvements should be taken forward in a planned way that should be documented and monitored through the team meeting.</p> <p><b>Response by registered provider detailing the actions taken:</b> The staff meetings and minutes will clearly document the agenda items discussed and actions agreed. The focus of meetings will be the delivery of Safe, Effective and Compassionate Care to all service users. Improvements and initiatives in this area will be clearly recorded within the body of the minutes and all staff will be encouraged to participate and express their opinions and ideas.</p>





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