

Unannounced Care Inspection Report 21 June 2018



Knockbracken Day Centre

Type of Service: Day Care Service

**Address: Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8
8BH**

Tel No: 02890 638835

Inspector: Marie McCann

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a day care setting that is registered to provide care and day time activities for up to 75 service users for older people over the age of 65, who may have a physical disability, a sensory impairment, or may be frail, have dementia or have mental health needs.

Referrals for people under the age of 65 with a diagnosis of dementia may also be considered. The day care setting is open Monday to Friday and is managed by the Belfast Health and Social Care Trust (BHSCT).

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Ms Esther Elizabeth Dorothy Brimage
Responsible Individual(s): Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Ms Esther Elizabeth Dorothy Brimage	Date manager registered: 11 February 2009
Number of registered places: 75	

4.0 Inspection summary

An unannounced inspection took place on 21 June 2018 from 09:15 to 16:45.

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 last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to mandatory training, adult safeguarding, good communication, listening to and valuing service users and carers, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the completion of care records at least every five attendances and the management of restrictive practices.

Service users' and relative' comments are referenced throughout the report. One questionnaire respondent commented; "It's hard to think of something that is not catered for, everything appears to be first class."

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Esther Brimage, registered 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 31 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 May 2017.

5.0 How we inspect

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

- unannounced care inspection report and quality improvement plan dated 31 May 2017
- incident notifications which evidenced that four incidents had been notified to RQIA since the last care inspection on 31 May 2017
- information and correspondence received by RQIA

During the inspection the inspector met with the registered manager, one day care worker, one day care assistant, two service users and three relatives.

The following records were examined during the inspection:

- Three service users' individual care records
- Two staff individual personnel records
- Induction records for most recently employed staff member and a bank staff member
- The day centre's complaints/compliments recorded from 31 May 2017
- Staff rota information for May 2018 and June 2018
- A sample of incidents/accidents since 31 May 2017
- A sample of minutes of service users' meetings dated 26 October 2017, 31 January 2018 and 14 May 2018
- A sample of minutes of daily staff meetings dated 30 November 2017, 24 January 2018 and 30 May 2018
- Fire safety checks which included a sample of;
 - daily fire checks from 2 April 2018 to 20 June 2018
 - weekly fire alarm testing checks from 4 January 2018 to 20 June 2018
 - monthly checks from January 2018 to 31 May 2018
- A sample of monthly quality monitoring visit reports dated August 2017, February 2018, March 2018 and April 2018
- Complaints Policy, March 2017
- Your right to raise a concern (Whistleblowing) Policy, April 2018
- The Statement of Purpose, 2018
- Service user information pack

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

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users, relatives and families 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 registered manager to be displayed in the day care setting for service users.

Ten service user and/or relatives' questionnaires were also provided for distribution; 10 questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The findings of the inspection were provided to Ms Esther Brimage, registered manager, at the conclusion of the inspection.

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

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 May 2017

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 31 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 17.10 Stated: First time	It is recommended that all monthly monitoring reports should include a similar level of detail of the monitoring officer's interviews with service users, as was found in the report for April 2017.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The Inspector reviewed a number of reports and confirmed that the monthly quality monitoring reports were available and up to date. The reports also evidenced the range of measures being carried out by the responsible person to ensure effective quality assurance and service delivery improvement.</p>	
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6.3 Inspection findings

6.4 Is care safe?

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

Discussion with the registered manager, staff, relatives 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 registered 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 May 2018 and June 2018 evidenced that the planned staffing levels were adhered to as described by the registered manager. Records showed the numbers of staff working each day and the capacity in which they worked. The inspector recommended that the staff rota information was updated to clearly reflect who was in charge of the day centre each day, which the registered manager actioned and forwarded to RQIA following the inspection. The updated records were noted to be satisfactory.

Discussion with the registered manager confirmed that competency and capability assessments had been completed for all day care workers in the day care setting who would previously have been left in charge in the absence of the registered manager. An ongoing BHSCT day care review identified that not all day care workers would be willing to undertake this role in the absence of the manager. In response to this, the registered manager has advised that she ensures that either she or the deputy manager is available to manage the day centre on a day to day basis.

The registered manager confirmed that staff employment records were held within the BHSCT human resources department and that all appointments were made in compliance with the relevant legislative requirements and trust policy and procedures. The registered manager confirmed that an induction programme was available for all newly appointed members of staff. A review of the induction programme for a recently employed staff member evidenced that the induction process was ongoing and signed by the staff member and the registered manager at regular intervals and incorporated the Northern Ireland Social Care Council (NISCC) induction standards. It was positive to note that an induction programme was available for bank staff and records were maintained.

The registered 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. A review of records confirmed that the registered manager undertook a monthly audit of staff training and took action to ensure dates were scheduled as available, for any outstanding staff training.

Observation of, and discussion with staff on duty evidenced they were sufficiently experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. Staff and the registered manager described the importance of staff monitoring for any changes in service users' needs which may lead to an ad hoc care review and/or onward referral to relevant BHSCT professionals. This approach was confirmed in feedback received from relatives on the day of inspection. In addition, staff spoken with on the day of inspection confirmed that their role was to ensure service users enjoyed their time in the day centre by undertaking stimulating activities and that they felt safe and comfortable in the setting.

The day care setting's governance arrangements in place that identify and manage risk were inspected. All incidents and accidents were recorded on an electronic system which was reviewed and audited by the registered manager and the BHSCT governance department. A review of incidents and accidents from February 2018 to 20 June 2018 was undertaken with the registered manager and provided assurances that safety issues and risks had been identified and managed appropriately. The registered manager described the audit of incidents and accidents undertaken on a monthly basis to identify any patterns/trends from which learning and corrective actions could be derived.

The registered manager confirmed that the BHSCT 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. Discussions with the registered manager and staff on the day of inspection evidenced that they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records. While there were no current adult safeguarding investigations within the day care setting at the time of the inspection, review of a recent adult safeguarding referral made by the setting, identified that they responded appropriately and gave consideration to the service user's safety and wellbeing both within and outside the setting. Staff had promptly referred the incident to the relevant persons for investigation; in accordance with safeguarding procedures.

Discussions with the registered manager confirmed that a number of restrictive practices are in place, such as, a keypad system which restricts access and egress to the small unit and sitting room areas in the day care setting, and the use of additional seat belt security for those services users who lack awareness of risk to their safety and who might remove their seat belts whilst travelling. While the registered manager stated that the process for assessing, implementing and reviewing these arrangements for each individual service user involved consultation with the multi-disciplinary team, service users, and their relatives, documentary evidence for this within individual's care plans/risk assessments was inadequate. These weaknesses are discussed further in section 6.5.

Records examined identified that a number of safety checks had been undertaken, including: fire safety evacuation drills to ensure service users could exit safely, weekly fire alarm testing checks, monthly checks of fire safety equipment and daily checks of escape routes. A fire risk

assessment was completed on 7 October 2016 and is due for review in October 2018. The registered manager provided assurances that all actions required had been addressed by BHSCT estates department.

Observation of the environment was undertaken during a walk around the day care setting, and confirmed that the environment was clean, tidy, free from odour and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Craft items and additional chairs were stored neatly with display boards used to partially shield them from view. Discussion with the registered manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the day care setting. Measures included the availability of hand sanitisers around the unit, 'seven step' hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff also had convenient access to disposable gloves and aprons as required. It was positive to note that a day care worker had been identified as the infection control and prevention (ICP) link worker for the day care setting and will be attending meetings regarding ICP within the wider organisation to promote good practice and compliance within Knockbracken day centre.

Service users' comments:

- "I truly think the service is really excellent."
- "I have never had to make a complaint but would have no problem doing so, if I needed to."
- "I could talk to any of the staff."
- "Staff are A1.... they know what they are doing."

Staff comments:

- "Everywhere could always benefit from more staff, but staffing levels are suitable for meeting service users' needs."
- "I have worked here a number of years ... difficult to remember my induction but training is provided with updates, I feel training is appropriate and relevant."
- "I had a very good induction, I am booked into attend adult safeguarding training later in the year but the manager went through the policies and procedures with me to ensure I understood everything, I had a lot of experience in this area in my previous job."

Relatives' comments:

- "Staff are very competent and know what they are doing."
- "I definitely feel xxxx is safe here."

Ten service users and/or relatives returned questionnaires to RQIA. Nine responses indicated that they were very satisfied that the care provided was safe; one response was unrated but contained positive comments. One returned staff questionnaire indicated that the respondent was satisfied that care provided to service users was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to mandatory training and adult safeguarding.

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 setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose and service user information pack. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

A sample of service users' care records were reviewed and were noted to contain service user agreements, individualised care plans which were updated as required, moving and handling, continence and transport assessments. Additional risk assessments were in place, as necessary, for service users assessed to be at risk of choking and these incorporated recommendations from Speech and Language Therapy (SALT) assessments. It was positive to note that service users in the day care setting had a person centred "getting to know you" assessment which contained a wide range of additional information about the service user, such as hobbies and personal attributes. However, care recording by staff for every five attendances had not been maintained within one of the care records inspected. An area for improvement was made in this regard.

Staff spoken with on the day of inspection discussed the importance of knowing the content of individual service users' risk assessments and care plans to inform and guide their practice. One staff member demonstrated how an improved system is in place within the day care setting to ensure that individual service users' SALT recommendations were adhered to and that staff were aware of the importance of reporting any concerns or changes to the person in charge, relatives and appropriate BHSCT professionals for timely and effective intervention.

Weaknesses were found in regards to care records relating to the use of restrictive practices. While some service user agreements did reference the use of a keypad system for some areas in the day centre, it was highlighted to the registered manager that any restrictive interventions need to be clearly reflected within individual service users' records and evidenced that it is the least restrictive option, agreed as part of a multi-disciplinary decision making process, involving the service user and /or their relative as appropriate. Each restrictive practice should be risk assessed and recorded within individual service users' care plans. The care records should also contain timescales for regular review by staff to ensure that such interventions remain person centred, necessary and proportionate.

The inspector further advised that care plan and review record templates were amended to include an explanation by staff if service users were unable/unwilling to provide a written signature. The templates should also be amended to include a signature from service users' relatives, where applicable.

There were systems in place to review each service user's placement annually within the setting to ensure it was appropriate to meet their health and social care needs. There was also evidence of more frequent reviews undertaken as necessary with service users in preparation for moving on from the day care setting due to changing needs.

Discussion with the registered 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 requirements. Following review of one service user file that contained out of date care plans and SALT recommendations, the inspector advised the registered manager that such information should either be archived or clearly highlighted as being no longer applicable. It was also noted that one typed care plan contained additional written updates following visits from SALT professionals on several occasions. The inspector suggested that given the number of updates added to the service users' care plan, it should be rewritten. It was also highlighted that amended/rewritten care plans must reflect collaboration with service users and/or their relatives as appropriate. The registered manager gave assurances that this would be addressed and that a review would also be undertaken of other files to ensure that all care plans and assessments in use were up to date.

Discussion with, and observation of service users and staff confirmed that service users had access to a variety of activities to suit individual needs. The registered manager confirmed that varied activity programmes were provided for each of the three individual units within the day care setting. Activity plans were arranged on a monthly basis but changes can occur at the request of service users. One service user commented: "you always get a choice, everyone went out today, I didn't want to go and that was ok, staff have looked after me here."

Staff also support service user's involvement in activities within the wider community, including outings for picnics or ice cream, and participating in bowling competitions with service users from other day care centres. The registered manager advised that links are also established with local schools who visit every Christmas for carol services.

Staff confidently described how they would escalate any concerns to ensure the safety and wellbeing of service users. Staff demonstrated a sound knowledge of individual services users' needs and behaviours and confirmed that a person centred approach underpinned their practice. This was confirmed in feedback from relatives during the inspection process.

Relatives' comments:

- "Each service user is treated according to their individual needs, which are well known by staff."
- "They (staff) keep me right, they recently made a referral for xxxx for a wheelchair assessment and they are always looking out for you."
- "They provide individualised care; staff are always looking for the positive – which really helps."
- "They reviewed my mother and changed her activities to increase opportunities for stimulation."
- "Staff treat everyone as an individual and organise activities specific to them."

Service users’ comments:

- “Staff are always talking with you, checking everything is ok.”

Staff comments:

- “Meal times are very important to ensure service user has appropriate support.”

Ten service users and/or relatives returned questionnaires to RQIA. Nine responses indicated that they were very satisfied that the care provided was effective; one response was unrated but contained positive comments. One returned staff questionnaire indicated that the respondent was satisfied that care provided to service users was effective.

Areas of good practice

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

Areas for improvement

Two areas for improvement were made in regards to the completion of care records at least every five attendances and the management of restrictive practices.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

The 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.

Discussion with, and observation of service users, relatives 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.

There were a range of systems in place to promote effective engagement with service users and/or their relatives; they included an open door policy for service users to discuss any issues with staff or the registered manager, care review meetings, monthly quality monitoring visits, service user meetings and annual service user questionnaires.

The registered manager confirmed that service user (committee group) meetings were held approximately every three months or on an ad hoc basis if needed. The members of the committee group represent the wider service users group and minutes are typically shared by staff with all service users after each meeting. Minutes were available for inspection of three meetings since October 2017. A review of a sample of minutes noted a varied agenda. For instance, in the October 2017 meeting, the importance of fire safety was discussed; the January 2018 meeting reflected discussions about the Northern Ireland Social Care Council (NISCC) standards of conduct and practice for staff working in social care services and what service users should expect from someone providing care. During this meeting, staff utilised the NISCC easy read booklet to inform service users. The minutes of the meeting on 14 May 2018 evidenced discussion with service users regarding the risk of choking and individual needs of service users with respect to maintaining a safe diet. The meeting also sought service user feedback regarding meals provided, transport and activities available within the day care setting. It was good to note that feedback recorded was positive.

A review of a sample of the feedback from annual service user questionnaires from April 2018 also evidenced positive feedback from service users regarding staff engagement, the care and activities provided within the day care setting and how well staff listen to and offer choice to service users.

The registered manager confirmed that the day care setting has adapted the annual service user questionnaires to make them suitable for the individual needs of the service user groups within the day care setting, to obtain the most meaningful feedback.

The day care setting has an established carers' group which meets once a month. Discussion with relatives on the day of inspection described how the carers' group provided them with advice, information, social and emotional support to enable them to maintain their caring role and ensure they have access to pertinent information in their caring roles. The carers' group have had access to guest speakers on a range of topics including dental care, moving and handling, swallow awareness, and advice with respect to nutrition and fluid intake. In addition, there was evidence of the registered manager proactively supporting carers by making referrals on their behalf to the BHSCCT carers' co-ordinator on their behalf.

Service users' comments:

- "I would enjoy more Tai Chi on a more regular basis."
- "The care at Knockbracken is the best. Everyone is so good and considerate."

Relatives' comments:

- "I go to the monthly carers group, it is a great support. I'm able to bring xxxx with me and there is staff available to stay with xxxx to let me talk."
- "Staff are so kind and compassionate; they are invested and really care."
- "Never had to make a complaint but could talk to staff about anything if I needed to."
- "It's a lifeline, I feel so supported as a carer as well."

Ten service users and/or relatives returned questionnaires to RQIA. Nine responses indicated that they were very satisfied that the care provided was compassionate; one response was unrated but contained positive comments. One returned staff questionnaire indicated that the respondent was very satisfied that care provided to service users was compassionate.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector assessed the settings leadership, management and governance arrangements in place to assure they are meeting the needs of service users. The day centre was managed on a day to day basis by the registered manager, a deputy manager, with the support of five day care workers, three care assistants and a clerical officer.

The registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed and updated by the provider on April 2018. The document clearly 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 (NI) 2007.

Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

There was a clear organisational structure and staff who were spoken to demonstrated awareness of their roles, responsibility and accountability. Discussion with the registered manager identified that she had good understanding of her role and responsibilities under the legislation.

Discussions with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. The registered manager confirmed that staff have an annual appraisal, recorded individual, formal supervision at least every three months and in addition to this group supervision sessions are also carried out. A review of a sample of records verified this.

The registered manager and staff confirmed that regular monthly staff meetings were held. A review of a sample of records evidenced that meetings had a quality improvement focus, complaints were reviewed, information was shared from training, introduction of new policies were discussed. For example, staff were informed how they could access a new booklet with

regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of changes and a new policy prioritising service user mealtime experience was discussed. The inspector suggested to the registered manager that the record of staff meeting minutes should be improved to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at the next meeting. The registered manager agreed to action this.

Monthly and annual quality monitoring reports are completed by the service and were available for inspection. These records demonstrate that at appropriate intervals there is evidence of monitoring, auditing and reviewing of the effectiveness and quality of care delivered to service users. The day care settings annual report was available for April 2017 to March 2018. The regulation 28 monthly quality monitoring visits were available to be examined since the last inspection, with the exception of May 2018 which was forwarded to RQIA following the inspection. The visits were all unannounced and were undertaken by senior management who were knowledgeable about the day care setting.

Four quality monitoring reports were sampled for August 2017, February 2018, March 2018 and April 2018. The reports evidenced engagement with service users, relatives and service user's representatives. The inspector advised that a record of the service users and relatives consulted with should be evidenced, with names anonymised in the reports with use of a unique identifier code. It was also agreed that all restrictive practices which were agreed as part of care plans would be reflected in the monthly quality monitoring report to evidence that they were considered and reviewed on a regular basis.

It was positive to note that in addition to the above reports the registered manager undertook a monthly management report for the senior manager which provides an overview of service user needs, activities, events, pre-admission visits, compliance with mandatory training, fire precautions and staffing issues.

The registered manager could describe the processes in place to maintain effective working relationships with BHSCT professionals. A review of documentation and electronic records evidenced that staff referred to or consulted with a range of professionals on behalf of service users when relevant.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). The registered manager stated that information regarding registration details and renewal dates are maintained by the BHSCT social care governance department who generate an email to the registered manager advising when a staff member's renewal date is pending. The registered manager confirmed that upon receipt of this email they liaise with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation's governance department. The registered manager confirmed that staff were aware that any lapse in their registration would result in the staff member being unavailable to work.

Samples of policies viewed were noted to have been reviewed and up to date in accordance with timescales outlined in the minimum day care standards. It was confirmed with the registered manager that the day centre had a range of policies and procedures, some of which were accessible in paper format contained within the office. In addition, access to a full range of policies and procedures were available to staff electronically.

The complaints records maintained by the day centre evidenced that there had been four informal complaints since the last inspection. They were managed appropriately and shared for information purposes with the dedicated complaints department within the BHSCT which manages formal complaints. Discussion with staff spoken to confirmed that they knew how to receive and deal with complaints and ensure that the registered manager was made aware of any complaints.

The staff spoken with on the day of inspection also confirmed that the management team was supportive and that they would be responsive to any suggestions or concerns raised. Staff could describe how they would respond to concerns about the performance of a colleague and knew how to access the whistleblowing policy.

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

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

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

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

Service users' comments:

- "Staff are good, I have nothing to raise."

Relatives' comments:

- "Manager is great, all staff are approachable."
- "Have never had to make a complaint but would feel comfortable talking to staff first."

Staff comments:

- "There is a very good team; we are supportive of each other."
- "Staff work well together to ensure service users are safe and their needs are met within the day centre."
- "I could go to the management team and with any issues and would feel listened too."

Ten service users and/or relatives returned questionnaires to RQIA. Nine responses indicated that they were very satisfied that the care provided was well led; one response was unrated but contained positive comments. One returned staff questionnaire indicated that the respondent was undecided whether the care provided was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

<p>Area for improvement 1</p> <p>Ref: Standard 7.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that when no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The Manager has put in a process to ensure each service user's electronic record will be updated as a minimum standard after 5 attendances.</p> <p>A database to alert staff of when 5 attendances are triggered is in place with a communication to each keyworker to action.</p> <p>Monitoring is in place with monthly audits to evidence compliance and any corrective actions required.</p> <p>A review of compliance will also be included in the senior managers monthly monitoring report.</p> <p>Communication and discussion of this requirement has taken place with the staff team to ensure understanding of roles and action required to implement this.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.8.</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that restraint and seclusion should be used only for controlling violent behaviour or to protect the service user or other persons; and then only as a last resort when other less restrictive strategies have been unsuccessful. Any intervention used is proportionate to the risk of harm; and any situation that led to use of restraint or seclusion is subject to multi-disciplinary review, with a view to avoiding the need for such intervention in the future. Records are kept of all instances when restraint or seclusion is used, and of the review of their use.</p> <p>The relates specifically to the restrictive practices referenced within this report and the need for:</p> <ul style="list-style-type: none"> • relevant care plan(s) and risk assessment(s) to be in place which evidence that the intervention used is proportionate to the risk of harm and remains person centred, necessary and proportionate. • all restrictive interventions to be subject to multi-disciplinary review on a regular basis and evidence collaboration with the service user and/or service user's relative(s). <p>Ref: 6.5</p>

Response by registered person detailing the actions taken:

Where service users are in the locked environment a Deprivation of liberty (DOL) care plan will be put in place. Discussion has taken place with all staff to remind them that they have a formal duty of regard to service users who lack capacity and require the deprivation of liberty care plan and will need to take active responsibility for ensuring this is fully completed and reviewed.

The Deprivation of Liberty Care Plan will apply to each new attendee where:

- The person lacks capacity to consent to arrangements for their care and
- For whom deprivation of liberty is a proportionate and necessary step to take in their best interests to keep them from harm.

All staff caring for a service user who lacks capacity will attempt to provide care in a manner which applies the least restrictive interventions.

Staff in completing the care plans will seek to maximise the person's opportunity for choice and deliver care in the least restrictive way. The process will fully involve the person's family and carers.

The details of each restrictive practice applied will be clearly recorded along with the rationale for use. The key worker will be responsible for ensuring review takes place and updating the care plan.

A procedure has been implemented in this regard and care plans will be audited to ensure full completion, carer involvement and timely review.

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