

Unannounced Care Inspection Report

6 June 2019



Mount Oriel Day Centre

Type of Service: Day Care Service

Address: 53 - 57 Saintfield Road, Belfast, BT8 7HL

Tel No: 02895042695

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

Mount Oriel Day Centre is a day care setting with a maximum of 75 service users. The centre provides 50 places per day for older people and 25 places for adults with a learning disability. Day care and day time activities are provided for adults who meet some or all of the following criteria: have a learning disability, are aged over 65 years, have a diagnosis of dementia, have needs arising from a mental health diagnosis, have a physical disability and /or sensory disability. This service is operated by the Belfast Health and Social Care Trust (BHSCT).

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSC) Responsible Individual: Mr Martin Joseph Dillon	Registered Manager: Mrs Suzanne Lesley Collins
Person in charge at the time of inspection: Mrs Suzanne Lesley Collins	Date manager registered: 11 February 2009
Number of registered places: 75	

4.0 Inspection summary

An unannounced inspection took place on 6 June 2019 from 08.45 to 17.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff training, management of distressed reactions and communication with service users, collaboration with the multi-professional team and the culture and ethos of the day care setting. Further areas of good practice were also found in relation to listening to and valuing service users and taking account of their views, staff supervision and appraisal.

Five areas for improvement were identified in regards to service user's care records, the management of restrictive practice, the reporting of accidents and incidents, staffing levels and the staff roster.

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

Service users commented:

- “Staff are so kind.”
- “We know who the manager is and could talk to her if we needed to.”
- “I like it here; it’s a nice room.”
- “It’s a first class place.”
- “Yes, we feel safe here.”
- “The staff are lovely.”
- “No complaints at all.”
- “I have been coming here for years, couldn’t do without it.”
- “I’m very happy here.”
- “The place is great.”
- “The staff spoil us.”
- “It’s good to come here, get out of the house and socialise.”
- “Bowling was good fun.”

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	5*

*The total number of areas for improvement includes one area for improvement stated for a second time and one area for improvement stated for a third time.

Details of the Quality Improvement Plan (QIP) were discussed with the manager and an assistant 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 18 and 19 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 and 19 October 2018. The completed QIP was returned and approved by the care inspector.

5.0 How we inspect

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

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

- incident notifications which highlighted that one incident had been reported to RQIA since the last care inspection on 18 and 19 October 2018
- unannounced care inspection report and QIP dated 18 and 19 October 2018

During the inspection, the inspector met with the manager, an assistant manager, a bus driver, a catering assistant, a care assistant, two day care workers and a visiting professional. Introductions were made to service users during the course of a walk around the setting; with individual interaction with nine service users.

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

Three respondents indicated that they were either satisfied or very satisfied that care provided to service users was safe, effective and compassionate and that the day care setting was well led. Comments included:

- "Mount Oriel is a great centre; the staff are lovely and very caring."
- "There is the problem of limited space. The building needs an extension built. The staff are fantastic. I know xxxx is well care for and appreciated."

A third respondent indicated that they were satisfied that care was effective, compassionate and well led. The relative commented: "Often seem short staffed, some activities cancelled/don't happen if stretched." "Over recent years the facility is more and more squeezed, space is not plentiful." "All in all, Mount Oriel is happy, safe place for xxxx to attend."

All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

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

The staff respondent indicated that they were very satisfied that the care in the day centre was safe, effective, compassionate and well led. The respondent commented: "Staff, especially management, are committed to providing an environment where there is openness and trust, respect and dignity and accountability for the service that is provided. Service users enjoy the service that is provided at the centre and evidence shows via attendance how essential and valuable the centre is in improving health and well-being and reducing health and social inequalities."

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

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 18 and 19 October 2018

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 7 & appendix 1 Stated: Second time	<p>The registered person shall improve arrangements in place; including following up on audits activity to ensure service user's individual records are kept up to date, are current and contain records as stated in Appendix 1.</p>	<p>Partially met</p>
	<p>This relates to, but is not limited to ensuring service user agreements are in place and updated as required if any changes occur; support needs and care plans are updated in a timely manner if any change in needs; care plans reflect service user objectives and goals they want to achieve from attending day care; progress records are reflective of the outcomes of service user attendance at the day centre and includes details of any contacts with relatives; the service user is encouraged and enabled to be involved in the care planning and review process but when he or she is unable or chooses not to, this is recorded.</p>	
	<p>Action taken as confirmed during the inspection: A review of service users' records confirmed that up to date service user agreements were in place. Newly introduced assessment and care planning documentation was introduced by the BHSCT Older People's Programme for their service users. This new documentation improved the standard of the recording in care plans to reflect the objectives and goals which service users wanted to achieve from attending day care. A review of records confirmed that service users and or their relatives as appropriate were supported to be involved in the care planning and review process.</p>	

	<p>However, the current assessment and care planning documentation for service users with a learning disability did not sufficiently reflect service users' goals and objectives for day care.</p> <p>While there was evidence that management had identified that progress records were not being completed every five attendances, and a system had recently been introduced to monitor this and provide staff with allocated time for administrative tasks, progress records were inconsistently completed in relation to this. Communications with relatives were also inconsistently recorded.</p> <p>The manager has provided assurances that bespoke recording/documentation training is to be arranged for staff to review these issues.</p> <p>This area for improvement has been partially met and is stated for a third time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 21.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Action taken as confirmed during the inspection: Discussions with the manager, assistant manager and review of the staff training matrix and an e-learning training timetable confirmed that there were improved governance arrangements in place to monitor staff compliance with mandatory training. Records also evidenced that there is a rolling programme of mandatory training for staff.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Ref: Standard 6.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure 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>	Partially met

	<p>This relates to ensuring that appropriate records are maintained for individual service users where it has been identified that a restrictive practice is necessary and that it is subject to a regular multi-disciplinary review.</p> <p>Action taken as confirmed during the inspection: Feedback from the manager highlighted that collaboration with the multiprofessional team was ongoing as appropriate, in relation to the use of restrictive interventions. While it was confirmed that behaviour support plans for service users were being reviewed as part of this collaborative process, it was found that service users' updated behaviour support plans had yet to be received. The need to ensure that staff have access to the most up to date behaviour support plans in a timely manner was highlighted.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that review reports address:</p> <ul style="list-style-type: none"> • Progress in attaining any personal outcomes sought by the service user; • The service user's views about their care and support; • Any changes in the service user's carer's situation; • Details of important events including incidents or accidents occurring since the previous review, and how they were addressed; • Any matters regarding the current care plan, revision of objectives, expected outcomes and associated time frames where relevant, and management of risks; • The need for any rehabilitation or specialist services; • Current transport arrangements and any changes required; • The need or wish to move on from the service; and • Any other relevant matters regarding services and facilities provided by the day care service, or others. 	<p>Met</p>

	Action taken as confirmed during the inspection: Feedback from the manager and review of service users' records confirmed that a recently implemented pre-review assessment document was in use. It was confirmed that staff use the range of questions contained on this document to ensure that the areas referenced within this area for improvement are addressed and recorded.	
Area for improvement 5 Ref: Standard 14.10 Stated: First time	The registered person shall ensure that records are kept for all complaints and these include details of all communications with complainants, the results of any investigations and the action(s) taken.	Met
	Action taken as confirmed during the inspection: The inspector noted that a new monitoring of complaints record is in place and includes information as outlined above. A review of complaints from 10 January 2019 evidenced that complaints had been managed appropriately.	

6.2 Inspection findings

6.3 Is care safe?

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

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

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting to the service users within the Older People's Programme and the Learning Disability Programme. However, the manager advised that in response to feedback from staff, a process has been commenced to review the staffing levels within the staff team who support service users within the Older People's Programme. The findings of which will be reviewed by senior management. The manager has agreed to keep RQIA advised of the outcome of their review of staffing levels within the Older People's Programme in the day centre. Discussion with the manager and review of the staffing roster identified that there were instances whenever staffing arrangements were not accurately recorded. For instance, dates on which the manager or deputy managers worked in the capacity of care staff due to reduced staffing levels, were not noted on the staff roster. In addition, the roster should reflect the hours staff are deployed to support service users in specific activity rooms. The need for the staff

roster to accurately reflect any changes to staffing levels on a daily basis was highlighted. An area for improvement was made in this regard.

It was further noted that staff numbers on the day of inspection in regard to the Older People's Programme were not consistent with staffing levels currently assessed as required, due to staff training and leave arrangements. The inspector stressed the necessity to ensure that staff are on duty in such numbers so as to ensure that the assessed care needs of service users can be safely and effectively met at all times. An area for improvement was made in this regard.

No issues were raised by the service users spoken with during the inspection in regard to staffing levels. However, staff spoken to did state that in recent months staffing levels within the Older People's Programme have been reduced on occasions. One staff member spoken with advised that on no occasion have staffing levels impacted on the safety of service users in the day centre but felt it can impact on the activity programme planned and other staff responsibilities.

The manager confirmed that staff employment records were held within the BHSC human resources department and that all appointments made were in keeping with BHSC policy/procedures, legislation and day care standards.

Discussion with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. Staff confirmed training was ongoing and they had training opportunities over and above mandatory requirements; some training available would be specific to individual service users. Additional training provided included: dementia care, equality and diversity, art and dementia care, epilepsy training and quality improvement 2020, which is training to promote and improve quality care in all aspects of health and social care.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager and BHSC governance team, to ensure follow up of any outstanding actions. There was also evidence that a monthly audit of incidents and accidents was undertaken as part of the day centre's monthly monitoring visit. Discussion with the manager and review of sample of records evidenced that there is a transparent system for recording, reporting and investigating any incidents and accidents in a timely manner. However, it was noted following discussion with the manager and review of a sample of incident/accident reports that several incidents were not reported to RQIA as per statutory guidelines. These incidents were reported retrospectively to RQIA post inspection. An area for improvement has been made in this regard.

In addition, as discussed in 6.2, the inspector stressed the importance of ensuring an adequate record is made of any communications with service user's next of kin or their representatives following an incident in the service user's progress or communication notes.

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

The inspector observed a situation on the day of inspection whenever a service user presented as agitated; staff engaged with the service user in a calm and supportive manner, while ensuring that the environment was safe for the service user. Staff were observed working discreetly and collectively to minimise any disruption to the other service users in the day centre. As part of the current reassessment by the BHSC behavioural support team for some

service users, a behavioural practitioner was present in the day centre and observed in part the support and intervention of staff with the service user. The inspector spoke with the behaviour practitioner who commended the staff on how they had supported the service user.

Staff spoken with described how they continuously reflect on the care and support provided to the service users. For those service users who would experience distressed reactions, staff demonstrated understanding and knowledge of triggers which may lead to service users becoming distressed. Staff were also aware of individual interventions required to support service users which could lead to an effective de-escalation of such situations, including reassurance and support to service users.

Staff are aware of the need to use the least restrictive measures for each individual. Confirming that staff responses to behaviour remain focused on de-escalation of behaviour or risk and on protecting service users' personal safety.

Discussion with the manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The manager confirmed that two safeguarding referrals had been made since the last inspection and they had been screened out of adult safeguarding procedures. At the request of the inspector, these were retrospectively notified to RQIA. The need to ensure that all safeguarding incidents are reported to RQIA in a timely manner was stressed.

In addition, care staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

Observations of the environment concluded that it was clean and tidy. Discussion with the manager and observation of the environment confirmed that furniture; aids and appliances were fit for purpose and effectively met the needs of the service users. Infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Fire exits were clear and free from obstruction.

Discussion with staff highlighted that the amount of available space within activity rooms for service users was challenging at times. This was discussed with the manager and with the RQIA estates inspector following the inspection and it was acknowledged that the day centre was meeting the relevant minimum standards for the provision of space in these areas. However, the manager agreed to review and monitor the use of these rooms so that the needs of service users are effectively met.

The manager confirmed post inspection that a fire risk assessment was completed on 15 November 2018 with a review date set for December 2019. An associated action plan was being addressed by the BHSCT.

On the day of inspection, discussion with staff and observations of the staff supporting service users did not highlight any areas for improvement regarding their practice.

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

Staff comments included:

- “Training is brilliant; you get opportunities to have training in addition to the mandatory training.”
- “Management will support you to access additional training which will benefit service users.”
- “The assistant manager closely monitors your training and will let you know when you are due updates.”
- “I would 100 per cent not hesitate to report any issues I had about the practice of any colleagues, if I was concerned. I would be confident the manager would take this seriously.”
- “Ensuring the service users are safe is the priority.”
- “We have been short staffed since February time, it’s difficult getting the time to do everything you need to do.”
- “Space can be limited when we are trying to support a service user who needs space away from other service users.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and the management of distressed reactions.

Areas for improvement

Three areas for improvement were stated in regard to ensuring adequate staffing levels are available for the assessed needs of service users; rota information is maintained accurately and reflects the staff on duty at all times and statutory notifications to RQIA.

	Regulations	Standards
Total number of areas for improvement	0	3

6.4 Is care effective?

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

The inspectors reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users’ care files. Records contained: service user agreements, assessments and care plans and additional assessments as appropriate in regard to manual handling needs and transport. It was noted that the assessments and care plans had been reviewed in a timely manner and were individualised. Staff confirmed they use these records to guide their practice and were also aware of need to refer to the multi-disciplinary team if they noted any changes or concerns in regard to a service user’s wellbeing. Care records also reflected the multi-professional input into the service users’ health and social care needs. This included speech and language therapy assessments, occupational therapy assessments and behavioural support plans.

As discussed in section 6.2 the care plans need to improve to reflect service users' goals and objectives, so that outcomes for service users can be effectively measured. The manager has agreed to support staff with addressing this and a number of other matters in regard to recording progress notes and communications with service users next of kin, through a bespoke training session. An area for improvement has been stated for a third time in this regard.

It was positive to note that service user's individual communication needs are reflected within their care plans. The inspector observed the manager using Makaton with some service users during a walk around the day centre. The need to ensure that service user records, such as care plans, are in a format that is accessible to service users, through development of easy read records, was highlighted. This will be reviewed at a future care inspection.

Inspection revealed records were stored safely and securely in line with data protection.

It was positive to note that staff were proactive in making a referral to the speech and language therapy service following an incident in the day centre to ensure the service user was safe when eating and drinking.

The inspector was advised that service users had access to an initial care review process followed by an annual review or more frequently if required; these reviews involved their BHSCCT representatives and records viewed verified this, with positive feedback being noted.

The inspector advised that review records should also clearly reference any relevant restrictive practices in place and the potential impact on the service user's human rights to ensure such interventions remain under review. The manager agreed to address this.

The inspector discussed with the manager any practices in place which may be deemed restrictive, this included the use of lap belts for specific service users who use wheelchairs, additional safety buckles when on bus and the continuous support of staff for a number of service users. The inspector provided advice to the manager on how to ensure that there is proactive management of such restrictive practices. Further advice was also provided with regard to staff evidencing this throughout the assessment, care planning, and review process including review with the multi-disciplinary team, the service user and/or their next of kin as appropriate. The manager welcomed advice given and undertook to ensure that human rights considerations would be documented along each restrictive practice. In addition, as outlined in section 6.1 the need to ensure that staff have access to the most up to date behaviour support plans in a timely manner was highlighted. An area for improvement has been stated for a second time in this regard.

Observation of staff providing continuous support to specific service users identified no concerns regarding this intervention. Staff provided this support discreetly and the ongoing support of staff enabled the service users to move freely and safely around the day centre and enabled them to take part in activity programmes in and outside the day centre.

In addition, observations of staff also confirmed that they communicated respectfully with service users. Service users were observed freely approaching the manager and staff to ask for assistance and for a chat. Service users were aware who the manager was and during a walk around the day centre the manager was knowledgeable about the service users in attendance.

Staff were confident and effective in their communication with service users and were observed using a variety of communication techniques in accordance with the service users' communication needs and emotional state.

Discussions with staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users.

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

Staff comments included:

- “It’s great to have the intensive support services close by; the behaviour practitioner has been working with us and its reassuring to know they are confirming we are supporting service users in the best way.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with service users, and collaboration with the multi-professional team.

Areas for improvement

One area for improvement was stated for a third time in regard to service users’ care records and one area for improvement has been stated for a second time in regard to the management of restrictive practices.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

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

Discussions with the manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the day care setting.

Discussion with staff revealed ways they had responded to service users’ needs, which promoted choice, dignity and demonstrated a culture of mutual respect.

Staff described how they promote service users independence as appropriate, while being aware of the importance of keeping service users safe and being fully aware of potential risk for each service user.

Observations of practice on the day of inspection provided examples of this. Staff knew the structure and routine that each service user preferred. They recognised the importance of discreet supervision and adapting activity plans to the needs and wishes of the service users.

It was good to note that staff promoted the autonomy of service users. Staff were observed seeking consent from service users regarding participation in activities.

Service users were enabled and supported by staff to engage and participate in meaningful activities. It was positive to note that a number of service users had been on outings on the day of inspection. On their return to the day centre service users enjoyed telling the inspector how they had enjoyed going bowling and a sense of healthy competition was evident between the

service users. A number of service users were also taking part in rehearsals with a choir involving a number of other day centres.

Service users were noted to be consulted regularly and in various ways regarding the quality and effectiveness of care provided by the day centre. These forms of engagement included: an annual quality satisfaction survey; monthly quality monitoring visits undertaken; service users' meetings and initial and annual care reviews. In addition, details were also displayed in the corridor of how service users could make a complaint/comment regarding the day centre. An annual satisfaction survey was completed with service users in April 2019 and the manager advised that responses were in the process of being reviewed and an action plan identified as appropriate.

A review of the Service User Guide and Service User Agreement was noted to be in large print with use of pictorial and written information. It clearly reflects the service users' rights and responsibilities in regard to the day care service. The inspector advised the manager post inspection to review the document to include the details of advocacy groups and services. The manager agreed to action this.

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

- "It's a very dedicated team; we know them (service users) well."
- "Service users are treated with respect."
- "It's important to promote independence and provide stimulating activities."

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The day centre is managed on a day to day basis by the registered manager with the support of an assistant manager for the learning disability programme and an assistant manager for the older people programme, a team of day care workers and care assistants and catering staff.

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 manager and assistant manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

As part of the inspection process, RQIA review all information received concerning registered services including the receipt of anonymous concerns. One such communication was submitted to RQIA prior to the date of inspection and related to aspects of governance within the day centre. This information was subsequently shared with the BHSCT who agreed to investigate the matter further and keep RQIA appropriately informed.

Discussions with staff on the day of inspection confirmed they felt able to raise issues with the manager. They demonstrated that they had knowledge of their role, function and responsibilities and they had no concerns regarding the practice of any of their colleagues.

The inspector discussed the development of the NISCC website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centre. The manager advised that they would review this resource and share with the staff team.

The manager and staff spoken to on the day of inspection advised there were a range of policies and procedures in place to guide and inform staff, which were accessible to staff in an electronically format.

The inspector sampled regulation 28 monthly quality monitoring visit reports from February 2019 to April 2019. The reports evidenced a review of the conduct of the day care setting and engagement with service users and staff and the development of action plans for follow up at subsequent visits. The inspector advised that a record of those consulted with during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable. The manager agreed to address this.

The manager stated that the annual report is in the process of being completed and will be submitted to RQIA once available.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process.

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

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

- effective communication
- service user involvement
- adult safeguarding
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users and staff evidenced that they felt the service was well led.

Staff comments included:

- “The manager is always telling us there is an open door policy, if we need to talk.”
- “I have a lot of respect for the manager and assistant manager.”
- “I feel very comfortable talking to the manager or assistant managers, they are approachable, will listen to you and try to do their best to resolve things.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the manager and an assistant manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 7 & appendix 1</p> <p>Stated: Third time</p> <p>To be completed by: 18 July 2019</p>	<p>The registered person shall improve arrangements in place; including following up on audits activity to ensure service user's individual records are kept up to date, are current and contain records as stated in Appendix 1.</p> <p>This relates to, but is not limited to ensuring service user agreements are in place and updated as required if any changes occur; support needs and care plans are updated in a timely manner if any change in needs; care plans reflect service user objectives and goals they want to achieve from attending day care; progress records are reflective of the outcomes of service user attendance at the day centre and includes details of any contacts with relatives; the service user is encouraged and enabled to be involved in the care planning and review process but when he or she is unable or chooses not to, this is recorded.</p> <p>Ref: 6.1 & 6.4</p> <p>Response by registered person detailing the actions taken: Service User Agreements are in place and will continue to be updated as required. Support Needs and Care Plans are updated in a timely manner if there are any changes and there is section included to show if the service user has been unable, or chosen not, to take part in the care planning and review process. The Manager is meeting with staff on Wednesday 10th July to provide feedback from the inspection, specifically on progress notes and recording and a formal, in-house training session on recording will be planned for early September, following staff summer leave. The Manager met with the LD programme staff on 3rd July and the care planning documentation has been reviewed and updated to reflect the service users goals for day care attendance, reflective of the documentation used in the OPS programme.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.3</p> <p>Stated: Second time</p> <p>To be completed by: 18 July 2019</p>	<p>The registered person shall ensure 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>This relates to ensuring that appropriate records are maintained for individual service users where it has been identified that a restrictive practice is necessary and that it is subject to a regular multi-disciplinary review.</p>

	<p>Ref: 6.1 & 6.4</p> <p>Response by registered person detailing the actions taken: The Manager received reviewed Positive Behaviour Support Planning documentation from Multi-Disciplinary team on 21st June and 3rd July. Two further service users will be having further re-assessments prior to completion of their plans. The reviewed documentation includes a format for guidance on ongoing review of these plans by the MDT and the required involvement of day centre staff.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 17.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure all accidents and incidents are reported to RQIA in accordance with statutory notification guidelines.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Manager has provided the required notifications to the Inspector. The Manager has reviewed the RQIA Guidance on notification of events and shared this with the centre management team on 5th July.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that an accurate and contemporaneous record is kept of staff working each day and the capacity in which they worked.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Manager had reviewed the current staff rota, and is ensuring that it includes greater detail and identifies any changes to staff cover throughout each day - changes are also reflected in the Activity Planner.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that at all times the staff on duty meets the assessed care, social and recreational needs of all service users, taking into account the statement of purpose, the size and layout of the day care setting and fire safety requirements.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Manager and management team will ensure staffing levels meet the needs of service users and this will be reflected in the contemporaneous staff rota and Annual Leave Planner. The Manager is preparing some analysis of exact staffing, staff activity and service user numbers to be reviewed with PSD Assistant Service Manager and Service Manager line managers. The ASM and Service Manager have responded to the Manager's concerns and arrangements are in place to provide agency cover, additional hours, and cover for sick leave during a current period of staff sick leave.</p>

Please ensure this document is completed in full and returned via Web Portal



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