

# Unannounced Care Inspection Report 18 and 19 October 2018



## Mount Oriel Day Centre incorporating “Skyways Club”

Type of Service: Day Care Service  
Address: 53 – 57 Saintfield Road, Belfast, BT8 7HL  
Tel No: 028 95 042695  
Inspector: Marie McCann

[www.rqia.org.uk](http://www.rqia.org.uk)

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

## 1.0 What we look for



## 2.0 Profile of service

This is a Day Care Setting with a maximum of 85 service users. A programme of day care and day time activities is delivered Monday to Friday in the main building, Mount Oriel; and a satellite location, Skyways Club which is located in Ballynafeigh Community Centre. 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; a physical disability and /or sensory disability. This service is operated by the Belfast Health and Social Care Trust (BHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust  <b>Responsible Individual:</b> Martin Joseph Dillon	<b>Registered Manager:</b> Gerry McKeaveney – acting manager application not required
<b>Person in charge at the time of inspection:</b> Gerry McKeaveney	<b>Date manager registered:</b> See above
<b>Number of registered places:</b> 85	

### 4.0 Inspection summary

An unannounced inspection took place on 18 October 2018 from 09.30 to 18.20 in Mount Oriel and on 19 October from 10.00 to 12.35 in Skyways Club.

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 staff induction, adult safeguarding, infection prevention and control and risk management. Further areas of good practice were also noted in relation to: communication between service users, staff and other key stakeholders; the culture and ethos of the day care setting which promotes listening to and valuing service users and taking account of the views of service users; staff supervision and appraisal; quality improvement and maintaining good working relationships.

Areas requiring improvement were identified staff training, review and documentation of restrictive practices, individual service user records, the review process and the management of complaints.

Service users and relatives' comments are reflected throughout the report.

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
<b>Total number of areas for improvement</b>	0	5

Details of the Quality Improvement Plan (QIP) were discussed with Gerry McKeaveney, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 4 and 5 December 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 and 5 December 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:

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that 47 incidents had been notified to RQIA since the last care inspection on 4 and 5 December 2017
- Unannounced care inspection report and quality improvement plan from 4 and 5 December 2017

On the 18 October 2018 the inspector met with the manager, the two senior day care workers, a day care worker, a care assistant and a service user's relative. The inspector also made introductions and greeted 18 service users attending the day centre on that day, and had more detailed discussions with eight service users. On the 19 October 2018 the inspector met with the Skyways club assistant and made introductions and greeted seven service users.

The following records were examined during the inspection:

- Five service users' care records
- Two staff induction records
- A sample of service users' daily records
- Staff training matrix
- A sample of staff supervision and appraisal information
- Two staff competency and capability assessment records
- The day centre's complaints/compliments from 4 and 5 December 2017
- Staff roster information from 3 September 2018 to 18 October 2018
- Fire safety precautions
- A sample of minutes of staff meetings for June 2018, September 2018 and October 2018
- The day centre's record of incidents and accidents from 1 August 2018 to 15 October 2018
- A sample of monthly quality monitoring visit reports from Decembers 2017 to September 2018

- Complaints Policy, March 2017
- Whistleblowing Policy, April 2018
- Annual Review of Quality of Care Report
- The Statement of Purpose, April 2018
- Service User Guide

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; no responses were received.

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

The inspector requested that the manager place a 'Have we missed you' card in an appropriate position in the day centre to allow relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. A 'Have we missed you card' was also provided to the person in charge in Skyways. 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 be displayed in the day care setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

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

The inspector would like to thank the manager, service users, 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 most recent inspection dated 4 and 5 December 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 4 and 5 December 2017

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1	The registered person shall improve arrangements in place; including following up on audits activity to ensure service users' individual	Not met

<p><b>Ref:</b> Standard 7 &amp; appendix 1</p> <p><b>Stated:</b> First time</p>	<p>records are kept up to date, are current and contain records as stated in Appendix 1.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of five service user records identified that improvements were still required in a number of areas as discussed further in section 6.5.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2017</p>	<p>The registered person shall improve their arrangement in place to respond to complaints regarding the bus service in this setting. The trust should report on the returned QIP what actions they have taken to improve the service and prevent further complaints regarding the busses. They should also report what they are doing in the longer term to improve the quality of this area of the service.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a review of the day centre's complaints records identified that complaints regarding transport issues have reduced since the previous inspection. Two complaints were noted: one relating to the duration of the bus journey on one occasion which was reportedly caused due to weather conditions; the second complaint was regarding the late arrival of the bus on one occasion. The manager advised that transport issues remain under review. A time and motion study was completed which focused on transport arrangements in the day centre during the last two weeks - outcomes of which are still pending. In addition, monthly meetings between the manager and the transport department are due to commence to ensure timely and effectively resolution of any transport issues.</p>	<p><b>Met</b></p>



### 6.3 Inspection findings

#### 6.4 Is care safe?

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

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

A review of a sample of staff rota information identified the staff on duty in each activity room and in the Skyways satellite service. It was noted that on a number of occasions the staffing levels in an activity room were reduced due to staff attending training or being on leave. Discussions with the manager and senior day care workers confirmed that the staffing levels on those days were adequate to meet service users' assessed needs and were suitable for the number of service users in attendance that day. The manager was able to describe measures that would be taken to ensure the safety of the service users if appropriate staffing levels could not be provided on any given day. The manager further advised that staff deployment and planned activities are reviewed daily to ensure the assessed needs of service users are adequately met. This approach took into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the Statement of Purpose.

Discussions with staff regarding staffing arrangements did not highlight any concerns regarding the safety of service users while in the day centre but did confirm that on occasions, activity programmes have to be reviewed. Service users spoken with on the day of inspection did not raise any concerns regarding the staffing arrangements. The inspector advised that staff rota information should reflect if staff are redeployed to work in specific activity rooms on occasions, especially with reference to the two senior day care workers, who are not on the rota to provide support in a specific room. In addition, it was agreed that it would be beneficial to reflect the number of service users in attendance on a daily basis within the staffing rota. The manager agreed to action this.

The manager confirmed that staff employment records were held within the BHSCT human resource's department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The manager confirmed that an induction programme was available for newly appointed members of staff. A review of two staff induction records verified this.

A review of governance records and discussion with the manager and senior day care workers provided assurances that a system was in place to ensure the competency and capability of staff who may be left in charge of the service in the absence of the manager. It was agreed with the manager that competency and capability assessments would be regularly reviewed so as to remain effective and relevant to the day centre.

Discussions with staff advised that they had access to a mandatory training programme to support them in meeting the roles and responsibilities of their job. A review of the staff mandatory training matrix evidenced that several training requirements were outstanding for some staff. An area for improvement was made in this regard.

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 manager, senior management and the BHSCT governance department. A sample of the incidents were inspected and demonstrated that consideration was given to: assessing the degree of risk, detailing the actions taken on review and recording any required action plan alongside lessons learnt. While these records evidenced that contacts were made with service users' relatives following incidents, the details of when or who the information was shared with, were not consistently recorded. The manager agreed to follow this up with the staff team to ensure that records were completed in a comprehensive, contemporaneous and accurate manner at all times.

A review of incidents notified to RQIA since the previous inspection was undertaken during the inspection in conjunction with a review of the statutory notifications guidelines available on the RQIA website. Discussion with the manager and review of incident records evidenced that the increase in incidents being notified to RQIA since the previous care inspection, had resulted from a number of notifications being submitted to RQIA unnecessarily rather than an increase in notifiable incidents themselves. The need to adhere to RQIA statutory notification guidelines in order to ensure accurate and appropriate reporting was highlighted.

The manager confirmed that the BHSCT has adopted the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 and that an Adult Safeguarding Champion had been identified. Discussion with the manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussions regarding two adult safeguarding concerns raised since the previous inspection established that they had been responded to appropriately.

Discussion with staff established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. In addition, training records evidenced that all staff are up to date with adult safeguarding training.

Observation of and discussion with staff on duty demonstrated that staff possessed a clear understanding of service users' needs and how those needs should be met. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. However, a review of two service users' records who had been assessed as requiring a restrictive intervention to promote their safety and wellbeing identified the need for improvement. The inspector advised that any restrictive practices should be reviewed regularly to ensure the intervention remains the least restrictive and it is used for the shortest time possible, with the aim to remove the restrictive practice if this is in the best interest of the service user. It was agreed that both service users require a review of the identified restrictive practice, and that this should involve collaboration with the service user and /or relative as appropriate and the multi-disciplinary team. In addition, the care and support plan of one service user should be updated further to include the full details of the intervention required to promote their wellbeing and a record should be maintained when the intervention is required. An area for improvement has been made in this regard.

Observation of the environment confirmed it was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Discussion with the staff confirmed that furniture, aids and appliances were fit for purpose for the diverse



needs of service users. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. 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 had effective access to gloves and aprons as required.

Records examined identified that a number of safety checks are undertaken, including fire safety drills (to ensure service users can exit safely) and weekly fire alarm tests in the day centre. It was noted that the last evacuation drill was undertaken on 22 October 2018. A fire risk assessment was completed on 21 February 2017 and is due for review in February 2019; the manager and senior day care worker confirmed there were no outstanding actions in relation to the current fire risk assessment. While a review of the governance records relating to monthly checks for fire safety equipment confirmed that they had been completed since May 2018, it was noted that staff had not completed such checks for the period January 2018, February 2018 and April 2018. The manager provided assurances to the inspector that robust governance measures were now in place to ensure that any necessary environmental fire safety checks are completed within expected timescales. Although no records of the fire safety arrangements were available on the day of inspection in regards to the Skyways Club, this information was received by RQIA following the inspection. This confirmed that the last evacuation drill was conducted on 7 June 2018 with no further actions required and the last fire risk assessment had been completed on 16 March 2018 with all actions having been addressed.

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

Service users’ comments:

- “Yes I feel safe here, staff are very good.”
- “It’s good to get out to meet people and talk to others.”

Staff comments:

- “We can manage with the staff levels we have but it would be great to have extra staff members to give more individual attention.”

Relatives’ comments:

- “We had an introductory visit, it was really helpful to see place before hand.”

Six service user and/or relatives’ were returned to RQIA. Four responses indicated they were very satisfied and two responses indicated that they were satisfied that the care provided was safe. A service user commented: “Staff are genuinely concerned about our needs and trying to improve the experience at the day centre.”

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, adult safeguarding, infection prevention and control and risk management.

## Areas for improvement

Two areas for improvement were identified with respect to staff training and review and documentation of restrictive practices.

	Regulations	Standards
Total number of areas for improvement	0	2

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

Five service users' files were inspected. They contained referral information; service users' agreements; individualised support needs and care plans; a number of risk assessments including moving and handling; transport and risk of choking and multi - disciplinary assessment information such as speech and language therapy (SALT) assessments; occupational therapy assessments and behavioural support plans, as applicable. The inspector noted that the standard of documentation held within service users' files was not consistent and improvements were required in a number of areas. The inspector advised that care plans should be developed further to specifically include the individual service user's objectives and expected outcomes from attendance at the day centre. Only one of the records viewed evidenced a completed service user agreement and this needed to be updated to include the cost of lunch for the service user.

The inspector also advised that the service should improve the arrangements for evidencing service user involvement and consultation in the care planning and review process within the records maintained. The inspector stressed that staff should evidence in care records if service users are unable or unwilling to sign relevant care records and include the reason for this. In addition, the inspector advised that staff signatures on records should also be legible. Service user feedback in relation to effective consultation by staff is discussed further in section 6.6.

It was noted that one service user's support needs and care plan had been updated to reflect changes following a SALT reassessment but it had not been updated to reflect changes in the moving and handling reassessment. A further support needs and care plan had also not been updated to reflect a SALT reassessment, although discussion with staff evidenced that they were fully aware of updated assessment.

The manager confirmed that progress care records were completed on a minimum of every five attendances or in some cases, daily for service users. A sample of these records were viewed and the majority were noted to contain information that was comprehensive and timely. However, while the inspector noted in one service user's care records, that communications between the SALT and relative with respect to the service user had been documented, the record did not reflect any details of the service user's day care experience or involvement in

activities. In addition, records reflected that although a service user's next of kin was to be provided with an update by the bus escort, no record was available to confirm that this had been actioned. The inspector stressed the importance of care records being maintained in a manner which clearly reflects when and to whom relevant information has been shared in keeping with any agreed plan. An area for improvement has been stated for a second time with regards to individual service users' records.

There were systems in place to review service users' placements within the setting to ensure it was appropriate to meet their assessed health and social care needs. The individual care records sampled in one service user's file identified that an annual review was overdue. The manager agreed to address this. In addition, the record of reviews sampled did not adequately address the range of areas as outlined in standard 15.5 of the Day Care Settings Minimum Standards, 2012. An area for improvement was made in this regard.

Discussion with the manager revealed records were stored safely and securely in the day care setting, in line with data protection regulations and best practice standards.

Discussion with staff revealed that they felt care provided to service users within the setting was effective. They were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. Staff also confirmed systems were in place to ensure any updates or changes in service users' needs were discussed and shared as necessary.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representative and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings. In addition, service users and their relatives are aware of who to contact if they want advice or have concerns within the service user guide and individual agreement. The manager described how staff utilise a variety of methods to maximise opportunities for communication with service users who have minimal verbal communication, such as communication passports and pictorial talking mats. A staff member spoke confidently regarding the interventions successfully undertaken with a service user who, on initially attending the day care setting, presented with a number of distressed reactions which would challenge staff. Staff identified that the distressed reactions were the result of service user's frustration communicating their needs. The staff member described how staff have been able to develop effective communication techniques with the service user, which have ensured that they are provided with choices throughout the day and which has led to a significant reduction in episodes of distressed reactions experienced by the service user.

Discussion with the manager and staff confirmed that management operate an open door policy with regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. Staff demonstrated knowledge of how to escalate any concerns and how to liaise with the multi-disciplinary team as needed. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the agency's whistleblowing policy and were able to access it. In addition, the inspector noted that staff had access to a poster providing details of how to whistleblow which was displayed in the dining room.

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

Service users' comments:

- "I didn't want to come initially but really glad I did."
- "You could talk to any staff if you had concerns."
- "We all have a meeting once a year to talk about everything and make sure you are happy."
- "I know staff keep a file all about me and I could look at it if I want to but I know what is in it because we talked about it."

Staff comments:

- "I have seen positive improvements in service user's wellbeing because of the work we do here."

Relatives' comments:

- "Staff are excellent and they communicate well with us."

Six service user and/or relatives' were returned to RQIA. Four responses indicated they were very satisfied and two responses indicated that they were satisfied that the care provided was effective. One service user commented: "All aspects of my care are being met."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users, staff and other key stakeholders and ensuring that care provided was effective.

## Areas for improvement

Two areas for improvement were identified during the inspection with regards to individual service user records and the review process.

	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.**

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff were observed communicating with service users providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and expectations.

A review of the activities programme and discussions with service users confirmed that service users are enabled and supported to engage and participate in meaningful activities. A wide range of activities were noted to be provided in the day care setting such as arts and craft work, quizzes, information technology, gardening, Tai Chi, chair based aerobics and relaxation sessions. The activity programme facilitated the development of social opportunities for service users as well as providing for their hobbies and interest. The day centre maintains strong links with partner organisations and the local community.

Discussions with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning and outings through service users meetings, informal discussions and their individual meetings.

The inspector noted that there were separate service users meetings for each service user group on a quarterly basis. Samples of minutes from service user meetings were reviewed for August 2018. The minutes reflected service users being encouraged to discuss any issues of importance to them. In the Mount Oriel centre, two service user forum notice boards were available which displayed minutes of the meetings with evidence that actions were being taken on issues identified.

Discussions with manager demonstrated that there is an ethos of quality improvement in the day centre; the day centre has been involved in a large scale consultation process with service users with a learning disability, their families and carers and staff with the aim of improving day care services.

Observation of the lunchtime meal on the day of inspection identified that the food provided appeared appetising, and service users were offered a choice of two meals alongside a variety of drinks which were provided. The senior day care worker described how staff ensured that SALT recommendations for a number service users were adhered to during the provision of a two course lunch.

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

Service users' comments:

- "Staff always ask you what you would like to do next, and will listen to ideas."
- "It's very busy coming up to Christmas making items to sell. I really enjoy it."
- "The lunch is good, it's nice to have meal prepared for you as I live on my own, and you get a choice of meals."
- "We have meetings to talk about activities or any other issues quite frequently."

Staff comments:

- "Service users are always given choice."
- "Service user fulfilment, promotion of independence is very important."

Relatives' comments:

- "There are plenty of activities; there is always a lovely atmosphere when you come in."

Six service user and/or relatives' were returned to RQIA. Three responses indicated they were very satisfied and three responses indicated that they were satisfied that the care provided was compassionate. A service user commented: "The staff are very kind and friendly its enjoyable coming to the centre."

### 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 during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 inspection assessed the day centre's arrangements and governance systems in place to meet the needs of service users and drive quality improvement. The current 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. The inspector advised that the Statement of Purpose needs to be updated to reflect the details of recently recruited staff, the manager provided assurances that this would be actioned.

The manager confirmed that a review is currently taking place in the Skyways Club satellite unit to determine whether that setting should be separately registered to provide ongoing day care services or used to provide day opportunities only. The importance of ensuring that this review ensures that service users' needs are reviewed to determine whether they require day care services as outlined in the legislation was stressed.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager. Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. Service users also had access to a suggestion box and a complaints poster in the communal corridor with details provided of the BHSCT complaints department and the role of the Patient Client Council. It was positive to note that the service had received a number of compliments regarding the service.

The content of the day care setting's complaints policy reviewed was consistent with the relevant legislation and DHSSPS guidance on complaints handling. Review of the day



centre's complaints records formed part of the monthly quality monitoring visit. A complaints record was available to review within the service which recorded the management of complaints and compliments. A review of the day centre's complaints since the previous inspection noted inconsistency with how complaints were recorded, specifically; a record of the complainant's satisfaction with the outcome of the complaint was not recorded for all complaints. An area for improvement was made in this regard.

Discussion with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A sample of governance records verified that staff had individual, formal supervision typically every three months and a recorded annual appraisal. The manager and staff both described positive working relationships and effective team work. The inspector observed staff sharing tasks and working together to respond to service user's assessed needs during the course of the inspection. Staff described the manager as supportive and stated that good working relationships were encouraged by the manager and the senior day care workers who maintained an open door approach.

The manager confirmed that staff meetings are held with the full staff team every three months. In addition, a weekly meeting is held with day care staff and a representative from the care assistant staff group. Minutes available for inspection identified a varied agenda, with evidence of information sharing and a quality improvement focus. In June 2018 the minutes reflected advice given to staff on policy updates with respect to whistleblowing, use of social media and the General Data Protection Regulation (GDPR) and discussion of the learning matters newsletter which highlighted issues relating to assisting service users with feeding and a review of incidents. The inspector recommended that minutes of meetings were improved to include: action(s) required, who is responsible for any action(s) identified and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings. The manager agreed to amend the current minutes template for future meetings.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and were available for inspection. The annual quality monitoring report was reviewed and noted to be compliant with Regulation 17 (1) and Schedule 3. A review of the monthly quality monitoring reports for July 2018, August 2018 and September 2018 evidenced qualitative engagement with service users and their representatives to measure the safety and effectiveness of the service; with positive feedback provided. The inspector advised that a record of the service users and relatives consulted 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. Monthly monitoring reports also evidenced that a review of the conduct of the day centre had been undertaken.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Staff advised that they had access to policies and procedures electronically.

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. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

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 and with individual service user involvement 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
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

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

Service users' comments:

- “Staff know what they are doing, they are very capable.”

Staff comments:

- “Management are always telling you their door is always open.”
- “There is good team work.”

Relatives' comments:

- “Staff are friendly and approachable.”

Six service user and/or relatives' were returned to RQIA. Three responses indicated they were very satisfied and three responses indicated that they were satisfied that the service was well led.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, quality improvement and maintaining good working relationships.

### **Areas for improvement**

One area for improvement was identified during the inspection with regards to the management of complaints.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gerry McKeaveney, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 7 &amp; appendix 1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 2018</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: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Service User Agreements will continue to be completed and checked as part of the day centre's New Start Audit. These will continue to be reviewed as part of the Manager's monthly audit. The Registered Manager is working with DCW staff on implementation of new support needs and care planning documentation within Physical &amp; Sensory Disability and Older Peoples Services and met with staff on 28.11.18 to progress this. This will include addressing care plan updates and reflecting service user goals and objectives. A 'My Opinion' sheet is used to record where service users are unable, or choose not, to participate in their review process. The Registered Manager will include checking progress notes in their monthly audit.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 November 2018</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The existing training matrix identifies where mandatory training requires an update. Training dates are being booked where gaps are identified, as training becomes available.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> There is ongoing work alongside the Trust Clinical Psychology Lead to coordinate the ongoing involvement of clinical psychology in the review of Positive Behaviour Support Plans, as professional input would be required to advise day centre staff on any review or changes to these plans. This is under recurrent discussion with all Day Centre Managers by the Service and Operations Managers. Where a risk assessment is in place regarding behaviours presented, this has been drawn up and reviewed alongside the multi-disciplinary team and the individual's family / carers</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 15.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 November 2018</p>	<p>The registered person shall ensure that review reports address:</p> <ul style="list-style-type: none"> <li>• Progress in attaining any personal outcomes sought by the service user;</li> <li>• The service user's views about their care and support;</li> <li>• Any changes in the service user's carer's situation;</li> <li>• Details of important events including incidents or accidents occurring since the previous review, and how they were addressed;</li> <li>• Any matters regarding the current care plan, revision of objectives, expected outcomes and associated time frames where relevant, and management of risks;</li> <li>• The need for any rehabilitation or specialist services;</li> <li>• Current transport arrangements and any changes required;</li> <li>• The need or wish to move on from the service; and</li> <li>• Any other relevant matters regarding services and facilities provided by the day care service, or others.</li> </ul> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> An Annual Review Preparation Report will continue to be completed as a part of the day centre's review documentation. This is included in the Manager's monthly audit and was discussed with staff at the meeting on 28.11.18.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 14.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 November 2018</p>	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action(s) taken.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The day centre's Complaints Form has been updated to include a specific section on Results of Investigations and the Registered Manager will continue to ensure full recording of actions taken and communication with the Complainant to ensure their satisfaction with these, in the relevant existing section of the Complaints Forms. Complaints will be audited quarterly by the manager to identify trends learning and priority areas for service improvement.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**





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