

Unannounced Care Inspection Report

30 August 2017



Ravara Training & Resource Centre

Type of Service: Day Care Setting

Address: 14 Ravara Gardens, Kilcooley Estate, Bangor, BT19 1SD

Tel No: 02891271304

Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 82 places each day. The day care setting provides care and day time activities for adults living with a learning disability who may also have physical disability, sensory disability, autism, mental health needs, challenging behaviour and/or dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual(s): Mr Hugh Henry McCaughey	Registered Manager: Ms Sonia Byrne
Person in charge at the time of inspection: Sonia Byrne	Date manager registered: 08 August 2016
Number of registered places: 82 - DCS-LD	

4.0 Inspection summary

An unannounced inspection took place on 30 August 2017 from 10.00 to 17.00.

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 training and staff support, safeguarding, risk management, the day care setting environment, care records, reviews, and communication between service users, staff, the ethos of the day care setting, listening to and valuing service users, taking account of the views of service users, management of complaints, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified regarding staffing arrangements, arrangements to assess staff competency during induction and the service user individual service agreement.

One relative said “staff know what they’re doing”, they said they were “very happy with the care”. They said they feel “very secure (their relative) is looked after well and staff know (her) well”.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Sonia Byrne, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 09 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 09 June 2016.

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 from the registered manager and South Eastern Health and Social Care Trust
- Incident notifications which revealed nine incidents had been notified to RQIA since the last care inspection in June 2016
- Unannounced care inspection report 09 June 2016.

During the inspection the inspector met with:

- The registered manager
- Fifteen service users
- Five care staff
- One domiciliary support staff employed through a service users self-directed support arrangements
- One relative
- One visiting professional.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by service users, three were returned by staff and one by a relative.

The following records were examined during the inspection:

- One individual staff records
- One domiciliary support staff record
- Five service users care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to August 2017
- A sample of incidents and accidents records from May 2016 to August 2017
- The staff rota arrangements during July and August 2017

- The arrangements for service user meetings and service user consultation since the last inspection
- Staff meetings held in May, June, July 2017
- Staff supervision dates for 2017
- Monthly monitoring reports from April to June 2017
- The staff training information for 2016 and 2017
- The settings statement of purpose.

Six areas for improvement identified at the last care inspection were reviewed and the assessment of compliance recorded as met for three improvements and partially met for three improvements.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 09 June 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 09 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) & (2) Stated: First time	<p>The registered persons must review and improve the arrangements for the domiciliary staff that care for specific service users in the day care setting. Guidance must be put in place regarding their roles and responsibilities as care staff in the day care setting which is compliant with this regulation. This should detail:</p> <ul style="list-style-type: none"> • The domiciliary care agency staff roles and responsibilities in the setting • How the domiciliary care staff will be monitored in terms of the quality of care they provide • If concerns are identified how these will 	<p>Partially met</p>

	<p>be managed and or reported</p> <ul style="list-style-type: none"> • Arrangements for the domiciliary staffs support in the day care setting • How the trust will assure themselves the domiciliary staff are competent to provide care in the day care setting • How the trust will assure themselves the domiciliary staff have received adequate and good quality training that is consistent with the quality of training supplied to their own staff • Arrangements for domiciliary care staff that ensure they adhere to day care setting policies and procedures • Arrangements for staff supervision, involvement in team meetings, and access to day centre general communication records. <p>Action taken as confirmed during the inspection: Inspector confirmed there was a policy and procedure in place for domiciliary and self-directed support workers while on trust premises. Review of this document revealed the policy was not fully implemented; the following areas require further review:</p> <ul style="list-style-type: none"> • The policy is there to promote choice for service users who want to be cared for by domiciliary care workers who are already familiar with their needs, however on the day of the inspection the worker had not met the service user before which questions is the policy and procedure being used effectively and as was intended • Induction of domiciliary and directed support workers was not delivered prior to care commencing on the day of the inspection • Staff competence – the domiciliary workers training records were not sent to the manager prior to the worker commencing in the setting to assure competence. 	
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Area for improvement 2 Ref: Regulation 28 Stated: First time	<p>The responsible person must put in place appropriate arrangements that improve the frequency of the monthly monitoring visits.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed monitoring reports were available and up to date at the time of inspection. They provided evidence the frequency had been improved, the trust requested that 11 quality monitoring visits would be completed annually and this was agreed by RQIA.</p>	Met
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		
Area for improvement 1 Ref: Standard 23 Stated: First time	<p>The manager should review the staffing levels with the staff in Ravara TRC to ensure activities and all elements of personal care, as defined in the day care setting standards, is carried out in a timely and effective way.</p> <p>The review should also seek staff suggestions for improvements regarding the provision of day care in this setting.</p> <p>Action taken as confirmed during the inspection: The staff levels had been reviewed and levels agreed however, due to staff sickness and vacancies there was still gaps in staffing arrangements in this setting. The manager assured recruitment and sickness management processes were in place to address the gaps and acknowledged support was in place to address gaps. Staff discussion revealed staffing numbers are still a concern and improvements had not fully addressed the gaps therefore this is stated for a second time.</p>	Partially met
Area for improvement 2 Ref: Standard 8, 9.3 & 9.5 Stated: First time	<p>The manager should review the activity space in the setting, the type of activities on offer to ensure the activities meet the needs of the service users in the day care setting. The outcome of the review should be forwarded to RQIA.</p> <p>The activity programme should incorporate service user’s needs, choice, preferences and feedback.</p>	

	<p>Action taken as confirmed during the inspection:</p> <p>The activities available for service users and the space they were delivered in were observed. There was evidence of activity planning and staff delivering the plan in most rooms. Staffing arrangements in some areas did not allow for all rooms to deliver activities however, service users did move around to join in other activities. Improvement in staffing arrangements will continue to support the improvement achieved to date.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The responsible person should arrange for the management team and trust transport manager to review the service users bus journey's to and from the day care setting. Where possible bus journeys should not normally exceed 45 minutes, therefore for those journeys that exceed this "where possible" the timeliness of the journeys should be improved.</p> <p>Action taken as confirmed during the inspection:</p> <p>The manager had met with the transport manager however the review of transport had not been undertaken at the time of this inspection. Busses had been cancelled, driver's absences were not covered and one complaint was received from a relative regarding the transport arrangements in June 2017. This was further evidence of no improvement in this regard and therefore this is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The manager should make appropriate arrangements to gather service user and or representative/relatives views regarding staffing throughout the day care setting. Any views or feedback that raise concerns in this area should be addressed through an improvement plan which focusses on individual services users' needs and the group needs being met effectively.</p> <p>Action taken as confirmed during the inspection:</p> <p>This improvement had been implemented via the annual service user questionnaires and relative questionnaires which had been sent</p>	<p>Met</p>

	out and collated for the 2016/2017 annual report. Advocacy group meetings, and PCP reviews had also sought views regarding the quality of the service and outcomes achieved. Improvements and plans had been identified regarding staffing arrangements and these were being worked on at the time of this inspection.	
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6.3 Inspection findings

6.4 Is care safe?

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

The settings daily staff arrangements and records were inspected for July and August. This provided evidence that staff were working in all areas of the setting to meet the assessed needs of the service users. The number of planned staff on the rota aimed to take into account the size and layout of the premises, the number of service users, safety needs and the statement of purpose and the capacity in which staff worked was recorded. Staffing arrangements were identified for improvement at the last inspection and discussions with staff revealed they felt staffing numbers and availability of staff to undertake activities had improved. However they described the use of temporary, agency and domiciliary care workers to cover gaps and sickness did impact on their available time as time had been spent guiding and inducting temporary staff. Discussion with the manager, review of the rota and monitoring reports showed staffing arrangements had been monitored since the last inspection and staff were informed where the low staffing numbers were and arrangements to support each other to undertake day to day tasks. In conclusion there was improvement since the last inspection however staffing arrangements should be further improved in all areas to ensure activities and personal care are delivered in a timely and effective way. This improvement will be stated for a second time in the quality improvement plan.

Induction of staff at all levels was inspected, discussion with a day care worker revealed a domiciliary care worker had commenced on the morning of the inspection and induction was being planned. The day care worker described they understood the need to induct the new staff; however they identified doing this while service users were arriving was difficult. This was attributed to staffing numbers and the needs of the service users that were arriving. As the morning progressed induction was facilitated by support of other staff and management, nevertheless the shortage of staff and changing domiciliary staff that need to be inducted was acknowledged as having an impact on assuring a timely induction. The concern was particularly relevant to the domiciliary care staff that was identified as having a role in the setting under self-directed support payments. This arrangement had been set up to respond to service users rights to be part of the day care setting who may choose to receive direct support from a domiciliary care worker who is familiar to them because for example, they provide care in their own home. On the day of the inspection discussion with the domiciliary care worker revealed they did not know the service user prior to the morning, the setting were not warned a new domiciliary care worker was attending so had not planned to induct an new

member of staff and did not know anything about the worker in terms of her training or experience. This arrangement introduced unnecessary risk because too little was known about the staff member to assure safe care furthermore, the arrangement for a domiciliary care worker on this day did not assure effective care due to their lack of knowledge about the service user and no evidence of pre planning. An improvement is stated for the second time in this regard.

The induction programme in place for all grades of staff was the corporate trust induction and a checklist of duties staff undertake in the day care setting including specific roles and duties in each room. The induction did not include a competency element such as the NISCC Induction Standards. The minimum standards promote staff induction should include a competency based assessment to assure new staff have the right level of knowledge, skill and understanding to provide safe, effective and compassionate care in the day care setting. An improvement was made in this regard to ensure staff are not only informed regarding their role and responsibilities but also reflect on their skills and training to identify gaps in practice and experience that will need to be addressed during the induction process and after.

Discussion with staff found they were knowledgeable regarding the day care setting regulations and standards; they also said they felt well supported in terms of seeking advice or support from other staff and the manager.

Two individual staff records were examined, one staff member had been recruited by the trust and there was verification that staff recruitment process included recruitment checks that were consistent with the day care setting standards and examined the individual's suitability for recruitment into a day care position. The other staff record was for an agency member which included a profile of their training and experience to evidence adequate competence and experience to undertake the role in the day care setting on a temporary basis. Both staff records included evidence of supervision which confirmed staff development, capability, performance and needs were being discussed; there was a record of actions agreed which would be reviewed at the next meeting.

The settings training record recorded staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2016 and 2017 were basic life support; epilepsy; fire safety; COSHH; Oxygen; medication; the PEG tube; manual handling and Person Centred Planning. Discussion with staff revealed they recognised training as informing them to care safely, effectively and compassionately.

The examination of the settings incidents, accidents from May to July 2017 and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Discussion with the manager and inspection of records confirmed safeguarding concerns and suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons/agencies and investigated in accordance with procedures and legislation.

During the inspection observations of the environment and inspection of records revealed the environment presented as clean tidy, furniture, aids and appliances presented as fit for purpose. For the second year there was evidence of improvements being made such as

decoration, utilisation of care spaces and personalising spaces for service users. Discussion with the manager provided assurance there will continue to be general updating of the environment to ensure it is safe and effective when delivering care.

Fire safety precautions were inspected and it was noted fire exits were unobstructed, and the fire drill & fire risk assessment had been updated in the last 12 months.

Three staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care safe” in this setting. They identified service users were safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and had working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans were in place for service users and they receive supervision and appraisal.

One relative returned a questionnaire to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “is care safe” in this setting. The questionnaires identified their relatives were safe and protected from harm, they can talk to staff about a range of matters, the environment is suitable. They wrote “They need a new building and more staff”. The relatives view regarding a new building is acknowledged however, the regulations and standards for day care settings requires day care to be delivered in a safe environment where safe, effective and compassionate care can be delivered. No risks were identified in this regard during this inspection and as identified in previous inspections the staff has continued to plan to assure delivery of safe and effective care in the available space. The staffing numbers is a restated improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and staff support, safeguarding, risk management and the day care setting environment.

Areas for improvement

Areas for improvement were identified regarding staffing arrangements (stated for the second time) and arrangements to assess staff competency during induction.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The centre’s statement of purpose and service users guide contained information required by Regulations and Standards and the content was consistent with the settings registration with RQIA.

Five service user’s care files were inspected; they contained the service user’s individual assessments and care plans which reflected their physical, social, emotional and psychological needs. Only one file contained a service user individual written plan/agreement

and this was not communicated in an easy read format. An improvement was identified for the service to provide each service user with a current service agreement that is communicated in a form that is understood by the service users.

The inspection of the care records found they were maintained in line with the legislation. The assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and four out of five had been reviewed. One record was waiting for a review date because of attendee's availability. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and acknowledged the importance of keeping records current and relevant.

The service user risk and other assessments were in place, the sample inspected detailed needs had been assessed, reviewed and updated. Service user/representative involvement was documented for each review meeting.

Service users were observed taking part in activities and communicating with staff. They presented as comfortable in their environment and were encouraged to communicate their preferences and choices. The staff facilitated service users to give their views during the inspection and when asked about the setting they smiled and indicated they were enjoying the activity and attention they were receiving.

Discussion with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they knew they should speak to the manager or day care worker in charge. Overall the discussions confirmed the staff was cognisant of their roles and responsibilities to provide safe and effective care in this setting.

Three staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users were involved in their plan, staff had the right skills, knowledge and experience to care for the service users; there were systems to monitor quality and safety; staff were informed regarding activities; and staff responded to service users in a timely manner.

One relative returned a questionnaire to RQIA post inspection. They were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified their relative gets the right care, at the right time with the best outcome, staff communicate with their relative, they know their needs and choices, staff encourage them to be independent, they can choose activities and were involved in their relatives day care review.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, and communication between service users and staff.

Areas for improvement

One area for improvement was identified regarding the service user individual service agreement.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Discussion with a service user representative, a visiting professional, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. Service users were encouraged to indicate their preferences and opinion regarding what they wanted to do in day care. There were boards with easy read information on them to keep service users informed regarding activities and information that may interest them.

Staff gave examples of activities they were planning for service users of all abilities which were informed by service user's preferences; in one group room where the activity schedule was displayed on the wall in symbols the service users indicated, using verbal and non-verbal communication that they had been involved in planning the schedule. Staff described they involved service users using a range of communication methods including non-verbal as identified in each service users assessment and plan.

Staff discussed restrictions that service users might experience, and discussion regarding specific service users revealed they were cognisant of using the least restrictive measure for each individual, they also identified their care plan should reduce risk and protect service users' personal safety. Staff described they need to know each service users personality as well as their needs and abilities to be able to provide the most effective and compassionate care.

In the intensive support unit staff described they were meeting the eating plans for 22 service users in two rooms, 19 of those had swallow guidelines and there was three staff to deliver the care, occasionally four. They recognised this was a challenge however their priority was to provide safe care and ensure each service user was cared for using their individual preferences. Staff recognised this was not an ideal situation as activities they had planned do may not get delivered due to time spent meeting individuals personal care needs. The staff recognised the management team had strived to ensure staffing was safe by ensuring staffing was monitored, discussed and planned, the staff acknowledged management support care staff with direct care when they can.

Records of advocacy meetings recorded service users were being consulted with and during the inspection more informal consultation by staff was observed throughout the day. The annual service users' quality assurance survey had been distributed and evaluated for 2016/17.

One service users relative spoke positively regarding the care their relative received in the setting. They described care was safe, the staff knew their relative well, if there were any concerns staff had contacted them without delay and there was a communication book which they described was reassuring in terms of communicating what their relative had done in day care.

One visiting professional who placed student nurses in the setting described staff were “welcoming, engaging, responsive, passionate and supportive”. She said “everyone (service users) seem happy and relaxed in their environment”.

The inspection of this domain confirmed there were systems in place to promote effective communication between service users, staff and other professionals. Service users had been provided with information, in a format that they understood which had enabled them to make decisions what they do in day care.

Three staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care compassionate” in this setting. They identified service users were treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive.

One relative returned a questionnaire to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care compassionate” in this setting. They identified their relative was treated with dignity and respect, staff treated their relative well, they had no concerns, they had been consulted and involved in their relatives care and staff advocate for their relative. They wrote “staff and management are fantastic”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the 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
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

One Supervision record detailed the staff had received recorded individual, formal supervision at least every three months. Inspection of staff meeting minutes revealed they were held monthly with minutes and attendance recorded. The content recorded detailed discussions of staff being informed regarding best practice examples, policy and procedure changes, activities and potential to improve practice. The records and commentary recorded showed

staff discussions were focussed on needs and improvement. The staff and management revealed they had also met daily for a staff chat and daily brief. This meeting was described as a motivational forum to ensure staff had the opportunity to discuss any concerns, plan for the day and support each other. This improvement had been implemented since the last inspection; management and staff are commended for introducing this as it was proving an effective way of sharing concerns, practice examples and ensuring care was safe, effective, compassionate and well led daily.

The complaints record was inspected and this showed seven complaints had been recorded since the last inspection. They had been recorded in full with a record of what had been done to resolve the complaints. The issues raised did not identify any concerns that had not been addressed or resolved to the best of the settings ability.

The Regulation 28 monthly quality monitoring visits had been undertaken for 11 months out of 12 which was agreed prior to this inspection with RQIA. The reports written by the independent monitoring officer showed the visits were announced and unannounced, included outcomes/action plans, and most of the reports qualitatively reflected service users and staff views and opinions. One report lacked qualitative information and analysis regarding conduct and advice was given to the manager to ensure future reports contained the right information, analysis and evidence.

Three staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care well led" in this setting. They identified staff felt the service was managed well; quality monitoring was undertaken regularly; management responded to and acted regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings were held and communication was effective.

One relative returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care well led" in this setting. They identified they feel the setting was managed well; they know who the manager was; the staff respond well to communication, concerns, issues or suggestions and they had received information about the complaints process and the setting. They wrote "would have no problem speaking to staff or management if I had any concerns".

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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 Sonia Byrne, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Day.Care@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) & (2)</p> <p>Stated: Second time</p> <p>To be completed by: 25 October 2017</p>	<p>The registered person shall review and improve the arrangements for the domiciliary staff that care for specific service users in the day care setting. Guidance must be put in place regarding their roles and responsibilities as care staff in the day care setting which is compliant with this regulation. This review should consider:</p> <ul style="list-style-type: none"> • The intention of the policy and use of domiciliary care workers was to promote choice for service users who want to be cared for by their domiciliary care workers who are already familiar with their needs. However on the day of the inspection the worker had not met the service user before which questions is the policy and procedure being used effectively and as was intended. • Provision for Induction of domiciliary and directed support workers was not delivered prior to care commencing on the day of the inspection, please consider is this safe care? • Evidencing staff competence regarding the domiciliary workers should be further considered as training records were not always being sent to the manager prior to the worker commencing in the setting to assure competence, please consider is this safe care? <p>Ref: 6.2 & 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In terms of reviewing the current arrangements for domicillary care staff, the registered manager and her line manager met with Emma Hanna manager of Caremark domicillary service on 12th October 2017. The following is in response to the above points:-</p> <p>We established that the policy is geared to promote choice and ensure that workers are consistent and familiar with the service user. This has been the case, however on the day of inspection a new worker was sent to provide cover at short notice. The domicillary agency acknowledge the need for consistency in staff and will endeavour to provide this.</p> <p>We acknowledge that induction of new domicillary staff is required to ensure delivery of safe care. The registered manager will provide a one page service user profile specific to the day care setting to the domicillary agency to provide prior knowledge to support their existing care plan as part of the joint induction. The care agency have agreed to provide a member of their staff who knows the service user to shadow/mentor any new domicillary worker before they commence.</p> <p>To evidence staff competence, the care agency will forward in depth training records for their domicillary staff to the registered manager to ensure that training is in line with requirements of the day care setting. All training records and checks will be in place prior to any new domicillary worker commencing at Ravara TRC.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 23 Stated: Second time To be completed by: 25 October 2017	<p>The registered person shall review the staffing levels with the staff in Ravara TRC to ensure activities and all elements of personal care, as defined in the day care setting standards, is carried out in a timely and effective way.</p> <p>Ref: 6.2 & 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The number and ratio of management and care staff on duty is reviewed daily by the manager and staff team to meet care needs of service users. We ensure that staffing levels are sufficient to meet all elements of service users personal care needs and endeavour to ensure activities are carried out in a timely and effective way. We are working alongside the other TRC's in North Down & Ards and will be staffing activities jointly to ensure continuation of social and leisure activities across the sector. There is current recruitment for 1 x band 3 and 1 x band 5 post. Agency staff are currently in place to cover vacant posts and long term sick leave.</p>
Area for improvement 2 Ref: Standard 12.4 Stated: Second time To be completed by: 25 October 2017	<p>The registered person shall arrange for the management team and trust transport manager to review the service users bus journey's to and from the day care setting. Where possible bus journeys should not normally exceed 45 minutes, therefore for those journeys that exceed this "where possible" the timeliness of the journeys should be improved.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A transport review has been initiated for the North Down & Ards area as part of a Quality Improvement initiative. Terms of reference are currently being developed led by the Day Care area lead and the Transport Department manager and a meeting arranged for 23rd October to start the review.</p> <p>The review will include analysis of times of bus journeys to endeavour to keep journeys timely for service users and ensure where possible this does not exceed the stated 45 minutes.</p> <p>This review will involve Day care staff, transport staff, service users and parent representatives.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2017</p>	<p>The registered person shall improve the induction for new staff so it includes a competency type of induction in keeping with NISCC's Induction Standards.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: NISCC booklet will be completed by new staff as part of their induction. The service will also introduce the Guidance for those responsible for new workers' induction at the next staff meeting to ensure that staff within the centre are fully informed. Trust local induction checklist will also continue.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 3.2</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2017</p>	<p>The registered person shall improve the service user individual written plan/agreement so it is written in an easy read format and each service user has a current service agreement that is communicated in a form that is understood by the service users.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: In respect of improving the service user individual written plan/agreement, we have linked with Belfast Trust to see an example of best practice as advised by the inspector. The registered manager has set up a focus group involving staff and service users to look at developing an easy read version of this document and each service user will have the easy read document introduced at their annual review.</p>

****Please ensure this document is completed in full and returned Day.Care@rqia.org.uk from the authorised email address****



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