

Unannounced Day Care Setting Inspection Report 09 June 2016



Ravara Training & Resource Centre

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Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ravara Training & Resource Centre (TRC) took place on 09 June 2016 from 09.30 to 17.15 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection of eight service users individual care files, incident recording, training records and records that detailed staffing arrangements concluded documentation and records were current and had been updated if changes were noted. Staffing arrangements had been improved since the last inspection and more permanent staff were in post. This was an improvement and a positive outcome since the last inspection.

Ravara TRC was observed to be a busy centre. The building is an old building, which has been adapted over the years to provide day care to service users with a wide range of needs. The centre staff were observed to be busy however; observation and discussion assured us the care needs of service users were being met. The inspection did reveal this setting is using domiciliary care agency workers to meet one to one needs of three service users. The agency workers were not supported or monitored by the management team to ensure safe care is maintained. This is an area identified for improvement

Our observations, the inspection of records, the questionnaire responses and the discussions during the inspection did identify there was arrangements for safe care in this setting. However there was three areas identified for improvement which are: the manager should investigate a staff members comment that staff numbers are not safe; the registered persons must review and improve the arrangements for the domiciliary staff who care for specific service users in the day care setting; and the manager should review the space for activities, the type of activities on offer and analyse does the activity programmes meet the needs, choices and preferences of the service users in each area.

Overall the domain of is care safe identified improvements are needed to fully meet the minimum standards inspected. Three areas for improvement regarding is care safe were identified regarding staffing, activities and the management of domiciliary staff in the day care setting.

Is care effective?

Eight service users' records were examined and there was evidence of individual assessments and plans stored for each individual. Incident recording, complaints, audits and communication arrangements were also recorded and information had been used to improve future outcomes. Generally we were satisfied staff were working with service users, their relatives, and other professionals to improve the effectiveness of care in this setting. Two areas for improvement were identified they are: the responsible person should arrange for the review of service user's bus journey's, the manager should gather service user and or representative/relatives views regarding staffing throughout the day care setting.

Overall the domain of is care effective identified improvements are needed to fully meet the minimum standards inspected. Two areas for improvement regarding is care effective were identified regarding service user’s bus journey arrangements and gathering service user and or representative/relatives views.

Is care compassionate?

The inspection of records and observations of practice noted there were examples of service users being cared for with dignity and respect. Staff were observed communicating in a variety of ways with service users to gauge their views, choices and feelings. The feedback we received from service users and relatives was they felt they were being communicated with and cared for in a compassionate way.

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

Is the service well led?

The discussions with staff, service users and relatives identified staff roles and responsibilities were clear to everyone and they knew who they could communicate with. One area for improvement was identified regarding improving the frequency and content of the monthly monitoring visits.

Overall the inspection of is the service well led concluded the frequency of reporting of the monthly monitoring visits should be improved to ensure this setting meets the minimum standards inspected.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the QIP within this report were discussed with Sonia Byrne manager (pending registration), as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered person: South Eastern HSC Trust/Mr Hugh McCaughey	Registered manager: Ms Sonia Byrne (registration pending)
Person in charge of the day care setting at the time of inspection: Ms Sonia Byrne (registration pending)	Date manager registered: Registration pending
Number of service users accommodated on day of Inspection: 66	Number of registered places: 82

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager
- Incident notifications which revealed two incidents had been notified to RQIA since the last inspection in September 2016
- Unannounced care inspection report 17 September 2016
- Statement of Purpose
- Service Users Guide.

During the inspection the inspector met with:

- The Manager
- The Regulated Services Manager for Adult Disability Services
- The deputy manager
- One senior day care worker
- Five care staff
- One agency staff
- Six service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff in Ravara. Two were returned by service users, three by staff and one by a relative.

The following records were examined during the inspection:

- Eight individual service users case files
- A sample of the service users daily records
- Five complaints and issues of dissatisfaction recorded from April 2015 to June 2016
- A sample of the incidents and accidents records from September 2015 to June 2016
- A sample of service user meeting minutes for January, February, April and June 2016

- A sample of the Incident and accident recording from December 2015 to June 2016
- Two staff supervision records for 2016
- Monthly monitoring reports from September 2015 to June 2016
- Staff training information for 2015 & 2016
- 13 Policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17/09/2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last specialist inspection dated 17 September 2015

Last specialist inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p>	<p>The registered provider must make appropriate arrangements for the staffing numbers and distribution of staff in this day care setting to be reviewed.</p> <p>The review must assess the number of staff required and how they should be distributed across the setting to care for the number of service users in the setting, the assessed needs of the service users (including times when 1:1 and 2:1 care is required), the size of the day care setting (useable space), and the statement of purpose.</p> <p>The outcome of this assessment should be reported to RQIA on the returned QIP with an action plan of what will be put in place to improve staffing arrangements in this setting.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Inspector confirmed the review had been undertaken. Staff had been employed in the setting to fill the vacant posts. At the time of the inspection the setting had a permanent manager, one deputy manager, one senior day care worker, nine band 5 staff, and 16 care assistants. Three domiciliary care staff who are from outside agencies were also working in the setting to support specific service users.</p>	
<p>Requirement 2 Ref: Regulation 9(2) Stated: First time</p>	<p>The registered provider must ensure the manager in this setting applies to be registered with RQIA. The current status of the manager is <u>acting</u> manager not registered manager. The action plan to achieve this must be reported on the returned QIP.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the current manager had been permanently recruited and had submitted her application to RQIA for registration.</p>	<p>Met</p>
<p>Requirement 3 Ref: Regulation 18 Stated: First time</p>	<p>The registered provider must ensure the environment in the main toilet toilets is reviewed. The focus of the review in this area is:</p> <ul style="list-style-type: none"> • Measures must be taken to reduce the foul odour in the larger bathrooms where more independent service users use the facilities. The trust should ensure there is adequate ventilation / air extraction and air flow in the bathroom. Consideration should also be given to using air fresheners or air neutralising products which are safe to use with this service user group. Outcome of this review should be reported on the returned QIP. <p>Action taken as confirmed during the inspection: Inspector confirmed when walking around the setting that this had been improved by improving ventilation and using air fresheners.</p>	<p>Met</p>

<p>Requirement 4</p> <p>Ref: Regulation 26(2)</p> <p>Stated: First time</p>	<p>The registered provider must arrange for a multi-disciplinary review of the environment to be completed. This review should establish what improvements are required in this day care setting to ensure compliance with current good practice (for example the Day Care Settings Minimum Standards January 2012). The outcome of this review should inform a programme of improvement and the action plan following this review must be submitted to RQIA within stated timescales. Specific attention must be given to:</p> <ul style="list-style-type: none"> • The bathrooms require painting on the walls and door frames where the wheelchairs have shaved away the paint and some of the frame when entering and exiting the bathrooms. Bathroom doors should be accessible for the service users with their mobility aids or wheelchairs and measures should be taken to ensure they are accessible. <p>The two ISU rooms must be reassessed for the number and needs of the service users in them. The assessment must calculate the useable space for service users and staff taking into account the size of the rooms and the layout of the rooms. The assessment must take into account the impact of the wheel chairs, the storage space, the desk, the needs of service users who require specific behaviour plans, the rooms furniture and the sleep system and the number of staff, and ensure service users have the appropriate space to enjoy the activities in the room and have their needs met in the room. Reference should be made to the day care setting minimum standards which state minimum of 7.5m² per service user of useable space is appropriate. Furthermore the space around service users should be appropriate for staff to meet personal care needs as required.</p> <ul style="list-style-type: none"> • A multi-disciplinary review of the day centre environment should be completed to establish what improvements would be required to improve this settings compliance with current good practice such as the Day Care Settings Minimum Standards (January 2012). The review should be based on a comprehensive assessment of need. This should be a multi-disciplinary assessment led by the registered provider or representative and the day centre Manager with specialist input as required such as from; infection control, physiotherapy, occupational therapy, estates and/or others as required. 	<p style="text-align: center;">Met</p>
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	<p>Action taken as confirmed during the inspection: Inspector confirmed the estates department had reviewed the environment. A list of essential works was identified and an action plan was drawn up. Some works had been completed such as essential painting, works to repair the doors frames and the rearrangement of furniture in the ISU rooms.</p>	
<p>Requirement 5 Ref: Regulation 28 Stated: First time</p>	<p>The registered provider must arrange for the monitoring visits to analyse are staffing arrangements adequate. The monitoring report must evidence this has been analysed during each visit and if arrangements are not adequate on the day of the visit an action plan must be agreed to ensure care is safe, effective and compassionate.</p> <p>The report must evidence there are enough staff to meet the needs of the service users attending, there are enough to staff the day care setting to cover the size of the building and to deliver care that is consistent with the day care settings statement of purpose and day care setting standards.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed this was recorded as being monitored.</p>	<p>Met</p>

4.3 Is care safe?

The staffing arrangements were inspected in the setting. Since the last inspection the number of staff and where they work in the setting had been reviewed. There was 28 staff on the rota. They were the manager who had been recruited since the last inspection; the deputy manager; the senior day care worker; nine band 5 staff and 16 care assistants. Vacant posts had been filled. We observed during the walk around staff were providing high levels of personal care and intimate care to individual service users. We observed there was a safe amount of staff on duty, they presented as experienced and delivered care to meet the health and welfare need of the service users. However of similar to the last inspection they were busy delivering basic care needs leaving limited staff to deliver activities. Three staff questionnaires were returned to RQIA post inspection. One questionnaire detailed the staff member felt service users were not safe and protected from harm. They wrote "Due to the level of staffing many clients are not as safe as they should, often one member of staff will be covering a large group (25), some with complex needs". This feedback has been provided to the manager and should be followed up with the staff team. The outcome should evidence the distribution of staff in the centre is enabling staff to deliver safe care in Ravara TRC. A recommendation is made for the manager to investigate this and provide assurances to RQIA that staff are satisfied staffing levels each day do facilitate arrangements for safe care.

Observation of an individual service user being supported by a domiciliary care agency worker in the day care setting and discussion with staff revealed there were three service users cared for by domiciliary care agency staff. They were not part of the staff team and the manager said the rationale for the trust using domiciliary care staff was continuity of care i.e. they provide the care outside of the setting. It was also clear the individual service users need one to one staffing which the management team said is not planned for within the current staffing arrangements. A key element to achieving safe care in a day care setting is that all staff work in compliance with the Day Care Settings Minimum Standards, these staff are working to the domiciliary care standards which are significantly different. Furthermore they are employed under a domiciliary care contract and are not answerable to the management team in the day care setting. Guidance must be devised and implemented for the use of domiciliary care agency staff in the day care setting. The guidance should detail:

- The staffs' roles and responsibilities in the day care setting
- Arrangements regarding their placement as a temporary member of staff
- Arrangements to check the staff are appropriately experienced, qualified and trained
- Arrangements to ensure the domiciliary care staff are competent, supported and receive supervision
- Arrangements for monitoring domiciliary care staff practice to ensure they work in compliance with the day care setting policies and procedures.

A requirement is made in this regard.

The staff training record evidenced the staff team had received mandatory training and other training appropriate to their role and responsibilities. For example in 2015 and 2016 they received training in: infection control; epilepsy; vulnerable adult; manual handling; resuscitation and fire. Discussion with the manager and senior provided assurance that the staff training programme is planned and meets individual staff needs as well as specific service user needs. An example was given regarding a service user needing access to oxygen in the day centre, training was provided to staff in a timely manner. Discussion with staff revealed they felt training was a factor that ensured they practice safely and are informed regarding meeting all service user's needs. They also identified supervision, team meetings and appraisal meetings as key to supporting safe practice in the setting.

Staff discussion revealed they have individual formal supervision meetings at least four times per year. Their supervisor aims to meet with day care workers monthly and once every six weeks with care assistants. This exceeds the minimum standard. Staff reported that they were informed regarding the trust's whistleblowing policy and would use whistleblowing procedures if they could not resolve their concerns locally.

The environment was observed during a general walk about the setting and when talking to staff and the service users. The general state of the setting was clean, tidy and there were no mal odours. There was evidence that works had been completed since the last inspection to improve the doorways, the arrangements of rooms, décor and the bathrooms. The manager described the arrangements in place to continue these improvements. This provided assurance she is clear regarding her role to promote future improvements in this regard with the trust estates team.

Two service users returned their questionnaires to RQIA and made comments regarding their comfort in the setting. They identified the rooms are not comfortable and wrote: "Room area too small, too many people". Too many people in the room, prefer to have a bigger room or less people in one room". The tour of the space available for day care and activities did present as

improved compared to the last inspection. For example all of the equipment on the floor was being used and some storage items had been moved thus creating more space. Nevertheless the three group rooms in the main setting did feel busy and space was limited. There was little space for doing activities; other than table top activities which lacked elements of fun and creativity. Not all activities were consistent with the service user’s needs and staff available. For example one service user had a catalogue book placed in front of them; another had a puzzle placed in front of them. For these activities to be of value to the service users, service users needed encouragement, assistance and guidance from staff. Activity programmes should be diverse and varied, engaging, purposeful, enjoyable, age and culturally appropriate and promote healthy living. The duration of each activity and the daily timetable should take into account the needs and abilities of the service users participating. Furthermore service user’s participation should be enabled by providing activities of their choice and support from staff or others. A recommendation is made for the activity provision in Ravara to be reviewed with service users and or relatives, and improved.

Three staff returned questionnaires to RQIA post inspection. They responded they felt service users are safe and protected from harm in Ravara, they all confirmed they had received vulnerable adult and other training, they would report poor practice, risk assessments and care plans are in place for service users and receive support to meet their roles and responsibilities in Ravara TRC.

The service user’s questionnaires and consultation with six service users in the setting concluded they feel safe in the setting and protected from harm, they can talk to staff, and they would tell staff if they saw poor care. If the alarm sounded they knew how to get out of the setting.

One representative returned a questionnaire to RQIA post inspection. They stated the service user is safe and protected from harm in the day centre, they would talk to staff if they had any concerns, the space is suitable to meet the service users’ needs and they would report poor practice to the manager.

Areas for improvement

Three areas for improvement regarding is care safe were identified regarding staffing, activities and the management of domiciliary staff in the day care setting.

Number of requirements:	2	Number of recommendations:	1
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4.4 Is care effective?

Eight service users individual care records were inspected. The records contained evidence of assessment and care planning which ensures staff can safely and effectively meet identified needs in the day care setting. Overall this provided assurance the documents had been maintained in compliance with legislation and minimum standards. The review records were present on the files examined and a sample of the notes for service user’s involvement in the review process which service users also read. The documentation showed service users had been encouraged to communicate their views during the preparation for the review and during the review meeting. This was a good example of how staff had supported service users to have their assessed needs, preferences and choices met using a person centred approach.

There was evidence of multi professional input into the assessment and planning process, when appropriate. For example information from medical professionals such as the setting's nurse, occupational therapist, speech and language professionals and dieticians had been included. Areas discussed for improvement included the audit of individual records, recording of service users' attendance at least once every five sessions and the updating of service user agreements which had not been consistently maintained. There was a varied approach to these matters by staff however the manager reported she was implementing an audit of individual records to improve this area.

The records inspected; discussions with service users and observation of staff practice showed that staff were actively empowering and enabling service users to communicate. The staff were observed communicating with service users regarding their choices by using speech, interpreting facial expressions, pointing and using body language. It was clearly observed the staff were communicating with the service users to seek consent and explore their choice and preferences. There was other robust systems in place that promoted effective communication with service users, staff and other key stakeholders such as the use of specialist communication tools, service user meetings, team meetings, staff training, professional consultations, the complaints and compliments records, home to day centre communication books and diaries.

The discussion with service users and representatives provided assurances that they knew who to speak to if they had a worry or concern and they described communication is promoted at all levels which helped them to feel listened to and confident they could communicate with any of the staff in the setting. One parent described their child's ability to communicate had vastly improved since attending the setting. They described the way they were communicating, the content and detail of the communication that had been promoted by staff.

The incident and accident records and complaints and compliments records were inspected. They evidenced staff were recording issues and events effectively by recording essential detail. They also recorded any actions that may prevent reoccurrence and promote improvement of care or practice.

During our walk around the day care setting and when talking to service users it was noticeable that some service users had a short day in day care. Discussion with the management team revealed the length of time spent in day care can be shorter by choice for some service users. However, others time in day care can be shortened due to day care bus timetables. We were informed that some service users spend up to one and a half hours on the bus each way. The management team said they rely on the transport manager to keep the journeys under review and the manager had not been made aware of the last time journeys had been reviewed. The day care setting standards promote where possible bus journeys should not normally exceed 45 minutes, therefore we recommend a review of transport journey's to and from the day care setting is undertaken to ensure "where possible", this is achieved.

The service users spoke about the care they had experienced in the setting. They said they liked coming to the day care setting, they liked the activities they were doing and they had made friends with other service users. The service user's questionnaires and discussion revealed there was limited space in activity rooms. The questionnaires did identify the service users felt they were getting the right care, at the right time with the best outcome. They also identified staff communicate well with them, staff know their needs and choices, they encourage independence; and they are involved in their reviews. One respondent wrote "sometimes staff too busy to listen to everyone". This view indicates staffing numbers may not effective in responding to all service users. Staffing numbers were not raised as a concern during this inspection. However, this had been a focus for improvement in the last inspection, and there

was a staff view reported in safe care regarding staffing concerns. Therefore recommendation is made in this regard. The focus is for the manager to gather service users, relatives and representatives views regarding the distribution of staff across the setting and do the staffing levels promote safe and effective care. If not the manager should seek to improve practice in this regard.

One relative detailed the right care, at the right time with the best outcome was being given. They also identified staff communicate well with their relative, staff know their needs and choices, they encourage independence; and they are involved in their relatives reviews.

Two staff questionnaires identified service users were getting the right care, at the right time, with the best outcome; service users involvement with their care plan and day care staff responding to service users in a timely manner. One staff member wrote “personal care may not be carried out at the appropriate time due to lack of staff. Clients’ needs have increased but staff levels remain the same”. This staff members comments have been addressed in section 4.3.

Areas for improvement

Two areas for improvement regarding is care effective were identified regarding service user’s bus journey arrangements and gathering service user and or representative/relatives views.

Number of requirements:	0	Number of recommendations:	2
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4.5 Is care compassionate?

We discussed with the staff, relatives and service users what makes care compassionate in this day care setting. One parent said their “child talks about the centre at home”. They talk positively about the staff and what they do in the setting. They said they are happy with the care and the activities their relative takes part in. Another parent said their relative is happy in the centre. They said they were also happy with the communication. Relatives said they felt the setting was managed well, homely and everyone knows you when you drop in.

Service users told us they enjoy being in the day centre. They introduced us to their friends in the setting and talked enthusiastically about spending time with friends and staff, indicating their social needs were being met. The service users identified particular staff they would go to and were confident the staff would help them if they had a worry or concern. The service users had a home to day centre communication book or diary. They showed us what had been written which detailed daily observations. Service users told us “we bake buns with staff”, “staff make us feel safe”, “I can tell staff if I need or want something”, “I am happy coming to Ravara”, “I laugh a wee bit, I like Ravara”, “I feel safe, staff look after me well”.

The staff told us they are dedicated to caring for the service users in a compassionate way. They identified the elements that made the care compassionate were respecting and protecting service users dignity, promoting inclusion, promoting independence, being caring, asking service users for their opinion, giving service users treats such as foot or hand massage or painting nails, involving the family, adapting to service users choices and behaviours and ensuring they are appropriately trained and informed.

The staff told us about the advocacy group which aims to take forward service users views, opinions, choices and suggestions to improve the service provided. We looked at the minutes

of the meetings for January, February, April and June 2016. We discussed with the manager the minutes could detail the advocacy element of the meeting more clearly. The recording of service users' choices, how the staff promotes participation in the day centre and how staff empowers service users could be clearer. Minutes should also record how improvements will be taken forward and who will be responsible for this.

Service users identified they are treated with dignity and respect, Staff are kind and caring, their privacy is respected, they are given choice regarding activities and they are involved in decisions about the support they receive in Ravara.

One relative stated their relative was treated with dignity and respect, involved in decisions, their relative is treated well, they had no concerns, they had been consulted regarding their relative's care and staff had advocated for their relative's care.

Staff questionnaires said service users are treated with dignity and respect, are involved in decisions affecting their care. They were satisfied service users have their views listened to; they are encouraged to retain independence and make informed choices. They are satisfied service users are informed regarding their rights, choices and decisions they can make about day care. One staff member stated improvements are not made in line with the views of service users, they also wrote "no funding, lack of resources i.e. ipads, sensory items, art, craft materials". Staff concerns have been reported on in safe and effective care. A recommendation has been made in the safe domain for the manager to listen to and gather staff views, opinions and concerns so improvements can be made if necessary.

Areas for improvement

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

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

We sampled policies and procedures that detailed arrangements regarding staffing, health and safety, complaints, risk management and safeguarding. They were current and accessible for staff.

The setting had recorded five complaints since April 2015 to June 2016. The review of these revealed the issues had been responded to in a timely manner that was consistent with the settings policy and procedure. Four of the complaints had been resolved and improvements had been implemented by the management and staff to address the issues of dissatisfaction raised. One record was more recent; however staff had responded to the initial information without delay and was responding to the complainants concerns.

The incidents and accidents records from December 2015 to June 2016 were sampled. The records evidenced notifiable events had been reported to RQIA and other relevant organisations and professionals. Furthermore learning from incidents was used to inform future practice.

The monthly monitoring reports were examined from January to June 2016. These revealed monitoring reports for February and April were not written. The management team advised these visits did not occur. This is not compliant with the regulation which requires a visit at least

once per month or as agreed with RQIA. No alternative visiting frequency has been proposed by this trust therefore, the frequency must be improved. A requirement is made in this regard.

The setting has a statement of purpose and service user guide which are broadly consistent with Regulation 4 and schedule 1. Some detail should be expanded and advice was given to the manager in this regard. Since the last inspection a new manager has been appointed and they have applied for registration with RQIA. A new certificate to reflect this change was displayed in the setting.

Discussions with staff revealed they felt the management team in this setting was leading the staff team well. They gave examples such as they felt they were receiving effective staff supervision and training, all grades of staff have clear roles and responsibilities, staff are supportive of each other and everyone knows what is expected of them when in the day care setting.

Service user questionnaires identified the centre is managed well; they knew who the manager was and they could talk to the manager about issues, concerns or suggestions they may have. They stated the manager responds well to issues, concerns or suggestions and they are asked what they would like to do in the setting.

One relative's questionnaire identified the centre is managed well; they knew who the manager is; they had seen their relatives care plan; they were satisfied with the communication arrangements including the complaints process; and they have a copy of the service user guide. Two staff questionnaires said the service is managed well, quality monitoring is undertaken regularly, management respond to service user's comments or complaints, staff meetings are held and the communication between the staff and team are effective.

Areas for improvement

One area for improvement regarding is care well led was identified to improve the frequency of reporting of the monthly monitoring visits.

Number of requirements:	1	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sonia Byrne, Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Setting Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Day.Care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20 (1) & (2)

Stated: First time

To be completed by:
04 August 2016

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:

- 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 be managed and or reported
- 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.

Response by registered person detailing the actions taken:

The Trust recognises it has a duty to ensure the domiciliary care staff are supported in their roles when providing 1:1 support to the service users. The domiciliary staff will be required to complete an induction to the centre to ensure they are aware of their own and others health and safety whilst on the premises. The domiciliary care staff induction will include in house emergency fire evacuation procedures, confidentiality, responsibilities, persons to contact if safeguarding concerns are raised, reporting procedures and health and safety guidelines for the facility as required. The domiciliary staff will be monitored through daily briefing every morning with namely DCW or Management. Meetings with Domiciliary Care Providers will take place on July 28th 2016 to discuss the way forward and importance of consistency with staff to ensure quality, safe and effective care. The domiciliary care staff will share their training records with the centre manager. This will be held on file along with the tasks designated to them in their employers contract and as agreed from the individuals person centred care plan within the centre. Concerns are reported to the manager or designated officer in charge and policy and procedures followed - ie IR1 near miss completed. All domiciliary care staff will be given the opportunity to add items to the team meeting agenda and circulation of staff meeting minutes and any information regarding their service user as deemed appropriate. The

	<p>domiciliary care staff will adhere to the policies and procedures laid down by the Trust as contracted through their employer. as per ISO Procedure.</p> <p>In additon to the above the regulated services manager has convened a meeting with all daycentre registered managers to discuss the concerns identified.</p>
<p>Requirement 2</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>To be completed by: 04 August 2016</p>	<p>The responsible person must put in place appropriate arrangements that improve the frequency of the monthly monitoring visits.</p> <p>Response by registered person detailing the actions taken: The manager has agreed with senior management that the RQIA monitoring reports will be emailed on a monthly basis to the regulated services manager. If he/ and or the manager do not receive a report by the 27th of each month - another peer monitoring officer will be asked to cover the monitoring visit and complete the report. This has been discussed and agreed at the quarterly RQIA shared learning meetings with all Managers in the directorate. The joint responsibility has been re-highlighted to all mangers regarding regulation 28. Monthly monitoring remains a standing item on the agenda at the RQIA shared learning forum, daycentre managers meetings and individual supervision.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 04 August 2016</p>	<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>Response by registered person detailing the actions taken: The staffing levels have been reviewed and we currently have 32 staff in post in the centre this includes a compliment of 19 care assistants. We currently have 2 band 3 care assistant vacancies - which are progressing through the recruitment system. We have 1 manager , 1 deputy manager- who are both supernumery and therefore available to provide assistance and support as circumstances arise. 1 senior daycare worker and 7 daycare workers , 2 daycare nurses (1 who commenced on 14th July filling the band 5 vacancy) and one secretary. The main unit is divided into 4 groups these are staffed by 6 band 5 staff and 9 care assistants. The intensive support unit (ISU) is staffed by a senior daycare worker and 4 daycare workers and a daycare nurse, also 10 care assistants. The daily rotas ensure that the staffing levels are consistent with the care, social and recreational needs of the service users and the activities for the day. Agency and or bank staff is used to cover vacancies or sickleave on a temporary measure to ensure continuity of care. The corporate trust bank staff list will now be accessible to Ravara</p>

	<p>management from September 2016. The staff team are flexible and aim to help each other to complete personal care tasks in a timely manner to ensure all personal care needs are met and timetabled activities can be completed.</p> <p>It is disappointing that this recommendation has been made on this occasion on the back of a minority comment made by one out of 32 members of staff, and despite such positive comments made by the majority of service users which included " I feel safe , staff look after me well".</p>
<p>Recommendation 2</p> <p>Ref: Standard 8, 9.3 & 9.5</p> <p>Stated: First time</p> <p>To be completed by: 04 August 2016</p>	<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>Response by registered person detailing the actions taken:</p> <p>The programme of activities has been reviewed and service user feedback questionnaires indicate the activities on offer meet the needs and preferences of the service users. However to improve service user involvement as a staff team, we are going to Pilot a choice board offering four alternative day activities.</p> <p>The advocates had asked for art and craft materials and they arrived on 25 July. These will be divided equally between the 7 groups. The annual PCP reviews also ensure that we are tailoring the activities to meet the likes and wishes of the service user to the best of our ability. Right time, right place, right service.</p> <p>The preferred activities in the service users questionnaires stated they enjoyed : music comm, cookery sessions, helping others, relaxation , my dinner sheet job, tribal drumming, outings internal jobs, art sessions, walking group, danderball, kurling and table top tasks. The centre is still under reform and modernisation and future planning points to a new centre. In the interim we utilise the centre and its space to the best of of our ability ,given the lack of space within the current centre which was built in 1975.</p> <p>Within the North Down and Ards area there is a specific focus on exploring and developing day opportunities for people with learning disabilities as an alternative to traditonal daycare. To date we are working alongside Orchardville society offering outreach in terms of : work experience and social enterprise. We have also been able to offer introductory days to those with more complex needs.</p>

<p>Recommendation 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 01 September 2016</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> <hr/> <p>Response by registered person detailing the actions taken: The senior managers attended a meeting with transport managers on the 25th July 2016. The transport department following this meeting stated that - the Transport Manager in conjunction with the centre Manager will review all services users journeys to and from the Resource Centre to "where possible" improve the journey times. In addition senior management from Disability and Transport services have agreed a working group that will meet monthly to review any transport related concerns.</p>
<p>Recommendation 4</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 01 September 2016</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> <hr/> <p>Response by registered person detailing the actions taken: The manager received annual feedback questionnaires from 54% of the service users. In response to views regarding staffing the 75% of service users said that there were enough staff, the other 25% said it would be good if we had more staff to do all the things we want not just some of them. 33 parents/carers responded to the annual questionnaire. 1 parent /carer stated they wanted more staff so that more activities could be carried out. 32 parents/carers said they were happy with the staffing levels. Feedback also included several compliments: " Staff do a good job, Julie and Belinda are the best, staff are very accomodating and understanding, staff are helpful and friendly, staff provide a happy reliable service, staff provide a program of stimulating activites - couldn't find better people to take care of my son, its an excellent service, good communication. Pleasant staff- we cannot express enough the attention and care my daughter receives at Ravara TRC". The service users needs are met effectively and reviewed at PCP reviews, via advocacy group meetings and annual feedback questionnaires as well as monthly monitoring reports.</p>

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