

# Unannounced Care Inspection Report 18 June 2018



## Livability Newry Day Care

Type of service: Day Care Service  
Address: Ballybot House, Cornmarket, Newry BT35 8BG  
Tel no: 02830252501  
Inspector: Maire Marley

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a day care setting that is historically registered to provide care and day time activities for up to 18 service users with a learning disability. The day care setting is open Monday to Friday and is managed by Livability.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Livability Newry / Stuart Dryden	<b>Registered manager:</b> No registered manager in position.
<b>Person in charge of the service at the time of inspection:</b> Jill McDowell	<b>Date manager registered:</b> Samantha Aston is the manager until a registered manager is appointed.

### 4.0 Inspection summary

An unannounced inspection took place on 18 June 2018 from 10.00 to 15.30 hours.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, training and induction and knowledge and competency in respect to safe care.

Areas requiring improvement were identified in regard to statement of purpose, a statement in relation to fees and communication training for staff.

Service users said they felt safe and expressed:

- “I really like coming here”
- “Staff help us do different things”
- “I like my meetings with my keyworker”
- “I am very safe here, staff keep me safe”

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

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

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 31 May 2017**

The most recent inspection of the day care setting was an unannounced care inspection undertaken on 31 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken.

#### **5.0 How we inspect**

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

- unannounced care inspection report dated 31 May 2017
- incident notifications which evidenced that three incidents had been notified to RQIA since the last care inspection

During the inspection the inspector met with the deputy manager, two care staff, five service users privately and six individually in the main activity room and one service user's relative.

The following records were examined during the inspection:

- Three service users' individual care records
- Two staff individual personnel records
- The record of complaints/compliments recorded from 2017 to 2018
- Staff rota information for April, May and June 2018
- A sample of minutes of service users' meetings dated February, March and April 2018
- A sample of minutes of staff meetings dated February, March and April 2018
- A sample of incidents/accidents
- Fire risk assessment
- Monthly monitoring visit reports from January 2018 to May 2018
- Whistleblowing Policy
- Complaints Policy
- Safeguarding Policy
- Incident Management Policy
- The Statement of Purpose dated April 2018
- The Service Users Guide

At the request of the inspector, the deputy manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; service users' questionnaires were completed with the assistance of staff on the day and returned in sealed envelopes.

Seven areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded as met.

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

**6.0 The inspection**

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

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 31 May 2018**

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
<b>Recommendation 1</b>  <b>Ref:</b> Standard 18.1  <b>Stated:</b> Third time  <b>To be completed by:</b> 31 August 2017	The registered provider should ensure; <ul style="list-style-type: none"> <li>Provide further training in adult safeguarding to include changes as set within DOH policy/procedures titled Adult Safeguarding Protection and Prevention in Partnership.</li> </ul>	<b>Met</b>
	Further work on the policy titled Adult Safeguarding is necessary to ensure details as set by the DOH regional policy and procedures are reflected.	
	<b>Action taken as confirmed during the inspection:</b> The most recent Safeguarding Policy dated January 2018 was available for inspection and reflected the requested information. Staff records demonstrated that staff had received the appropriate training.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 23.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person should ensure that the acting manager's duty hours/days is recorded in the staff duty roster so that staff, service users or their representatives will be aware when the acting manager is on duty.</p> <p><b>Action taken as confirmed during the inspection:</b> The duty roster was available for inspection and recorded the manager's hours.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by</b> 30 June 2017</p>	<p>The registered provider should that the staff training matrix record is retained within the day centre.</p> <p><b>Action taken as confirmed during the inspection:</b> A training matrix was available for inspection and was found to be up to date.</p>	<b>Met</b>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by</b> 05 June 2017</p>	<p>The registered provider should ensure that the recommendations made by the fire safety officer within the fire risk assessment, dated 18 May 2016 are actioned, dated and signed.</p> <p><b>Action taken as confirmed during the inspection:</b> Evidence that the recommendations had been actioned, signed and dated were contained within the 18 May 2016 fire risk assessment.</p>	<b>Met</b>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 7.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 05 June 2017</p>	<p>The registered provider should ensure improvement in care records as follows:</p> <ul style="list-style-type: none"> <li>• Recording of daily statements is made within care records as opposed to the current procedure of recording within individual diaries which present as cumbersome, separated from care records and not in keeping with Standard 7.4 of Day Care Settings minimum standards.</li> <li>• Care plans and risk assessments to be signed and dated.</li> <li>• Regular audit of care records.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> A review of a sample of care records confirmed daily evaluation notes are maintained within the main file, risk assessments viewed were signed and dated.</p>	<b>Met</b>

	There was evidence provided that care records are audited.	
<b>Recommendation 6</b> <b>Ref:</b> Standard 15.6 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2017	<p>The registered provider should ensure that a care management review matrix is established so that tracking dates and receipt of reports can be monitored and where necessary ensure revision of the service user's care plan reflects the outcome of review.</p> <p><b>Action taken as confirmed during the inspection:</b>  The inspector viewed the matrix in regard to care management reviews and noted the follow up action taken when the reviews were due.</p>	<b>Met</b>
<b>Recommendation 7</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2017	<p>The registered provider should ensure that each service user is provided with an individual written agreement detailing the services to be provided. This agreement should be signed by the service user and the registered person.</p> <p>Details in respect of the agreement is set within standard 3.1 of Day Care Minimum Standards (2012)</p> <p>A review of records confirmed each service user was provided with a service user guide that included a contract for the provision of services. The contract was signed by the relevant people and dated.</p>	<b>Met</b>
<b>Recommendation 8</b> <b>Ref:</b> Standard 17.9 <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2017	<p>The registered provider should ensure that a report on the audit activity carried out by the organisation's compliance team is obtained so that this can be shared with the care team and any actions identified for improvement incorporated into practice.</p> <p><b>Action taken as confirmed during the inspection:</b>  A review of the outcome of Service Quality Improvement (SQIP) demonstrated that reports on audit activity are maintained electronically. There was evidence in the minutes of staff meetings that the findings from the report were discussed.</p>	<b>Met</b>

<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 17.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered provider should ensure that the centre's statement of purpose, dated 2016, is reviewed and revised to include current staffing levels.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> On the day of inspection a review of the statement of purpose established that the document contained the current staffing levels.</p>	<p><b>Met</b></p>
<p><b>Recommendation 10</b></p> <p><b>Ref:</b> Standard 19.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered provider should ensure that title "Prospects" is removed from all documentation and the external signage of the day care centre replaced.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence in the documents and policies examined that the change reflected the organisation as Livability. The external signage for the day centre had been replaced.</p>	<p><b>Met</b></p>

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

Discussion with the deputy manager, service users, staff and a review of the staff duty rota confirmed that sufficient competent and experienced persons were working in the day centre to meet the assessed needs of the service users. The duty rota detailed the staff working in the centre, the capacity in which they worked and who was in charge. It also confirmed that at least two members of staff were on duty in the day centre each day.

The recruitment files for two staff were reviewed and confirmed that staff employment records were held within the setting and confirmed that all appointments were made in compliance with relevant legislative requirements and the organisation's policy and procedures. The deputy manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included the NISCC induction standards. A staff member employed in February 2018 discussed their induction and confirmed that it was comprehensive and service user based.

Records examined established that a competency and capability assessment had been completed for a member of staff left in charge of the centre in absence of the manager, demonstrating the staff were willing to act up and had the required skills.



Observation of and discussion with staff on duty provided evidence that they were in receipt of appropriate training and had previous experience that enabled them to meet the assessed needs of the service users attending the centre. During discussion staff demonstrated their understanding of service users' needs and how those needs should be met. A review of staff training records demonstrated that staff had received mandatory training and other training relevant to their roles and responsibilities, such as, challenging behaviour, deprivation of liberty, mental capacity and care planning. Staff consulted stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard. It was recommended that staff receive training on inclusive communication and Makaton.

The review of policies confirmed that an effective incident/accident reporting policy and system was in place. Records of accidents/incident revealed that three accidents that occurred in the setting since the last inspection and had been managed appropriately. These records were also forwarded to RQIA.

Discussion with deputy manager confirmed that one restrictive practice was in place relating to the alarming of a door in a back hallway, this was required to alert staff should an identified service user exit the building. The deputy manager reported these arrangements had been agreed by the multi-disciplinary team due to concerns regarding the personal safety of the service user. It was noted the arrangements were not explicit in the identified risk assessment. It was also observed that the entrance door to the day centre is locked in order to prevent inappropriate access; the door can be opened from the inside by both staff and service users using a door press release button. Staff reported that in the interest of personal safety some service users would be challenged should they attempt to leave unsupervised. One area of improvement was identified and concerned the records to be maintained relating to any restriction on a service users movement. In accordance with Standard 5.7, the service user's care plan must include details of any behaviours likely to pose a risk to the service user or others, the specific management arrangements and any restrictions arising from a risk assessment that has been undertaken by an appropriate professional.

Discussion with the deputy manager and scrutiny of training records confirmed that the most recent safeguarding training delivered to the staff team was in November 2017 and included discussion on the regional guidance, Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated operational procedures September 2016. . Discussion with the deputy manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff confirmed that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). It was recommended that a system is maintained to generate an alert advising when a staff member's renewal date is pending.

Staff expressed that the care they delivered was safe and were able to provide examples of how they ensured care was safe. During discussion with both staff and service users it was confirmed that the staff team have developed an effective understanding of service users' individual needs. Staff described how they would respond if they observed any change in a service user's dependency, ability or behaviour and the appropriate measures they would implement to promote and ensure the safety and wellbeing of the service user. Staff commented on the good working relationships which exist with community support services

and how they can access such support for service users. They were fully familiar with the process for referrals to other services/professionals as required.

Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, monthly safety checks of fire doors; fire extinguishers; emergency lighting; water temperature and weekly fire drills. Fire exits were observed to be clear of clutter and obstruction. A fire risk assessment was undertaken in May 2016, it was noted that the recommendations contained within assessment had been actioned and were appropriately signed and dated.

An inspection of the environment was undertaken and confirmed that it was appropriately heated, clean, fresh smelling and had suitable lighting. There were no trip hazards evident on the day of inspection.

Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers and supplies of liquid soap and hand towels mounted on the wall in the toilets, along with electric hand dryers. Staff had access to gloves and aprons as required. Training records confirmed training has been undertaken with respect to infection prevention and control and Control of Substances Hazardous to Health (COSHH).

Discussion with both services users and staff with regards to the provision of safe care included the following comments:

Service users' comments:

- "I'm safe here. The staff team know how to look after me."
- "The centre is always clean and we help to keep it tidy."
- " I would talk to my keyworker if I was worried about something but I have no worries"

Staff comments:

- "I enjoy my work and look forward to coming here every day."
- "The training is good. and has helped me understand my role and responsibilities"
- "I had time to get to know service users, read care records and shadow an experienced staff during the induction....it was very good."

A relative commented:

- "I know ---- is very safe here"
- "I come in daily and have never seen or heard anything that would concern me, staff are all very caring"

Ten completed service user questionnaires were returned to RQIA. The responses indicated that service users were very satisfied that the care provided was safe.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and induction and knowledge and competency in respect to safe care.

## Areas for improvement

One area for improvement was identified. The service user's care plan must include details of any behaviours likely to pose a risk to the service user or others, the specific management arrangements and any restrictions arising from a risk assessment that has been undertaken by an appropriate professional.

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

### 6.5 Is care effective?

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

The statement of purpose for the setting was reviewed. Information relating to the nature and range of services provided was outlined however it detailed the total number of service user who avail of the service rather than the number that can be accommodated on a daily basis. A service user guide was in place however this needs to be revised to include the fees to be paid, and the arrangements in regard to the payment. It was good to note that service users were provided with an easy read format of the service user guide with written and pictorial information.

A sample of service users care records were reviewed and contained individual service user risks assessments and care plans with details of an individual weekly timetable of activities based on their preferences and goals. Records viewed were appropriately signed and dated. Service users had access to an annual day care review and they were encouraged to attend the review along with a person of their choice. However a review of service users' annual care review records highlighted limited detail with regards to service users' over-all goals and inspirations. The need to ensure that such information is clearly recorded as part of a person centred annual review process was emphasised. An area of improvement was made in this regard.

Discussion with the deputy manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Since the previous inspection staff had introduced an evaluation sheet in the care records, to report on service users' progress within the centre, it was noted that this record contained limited information with a comment such as "had a good day." The importance of maintaining accurate and contemporaneous records was emphasised by the inspector as this information is used to inform the annual care review report. Assurances were provided by the deputy manager that this would be addressed.

Staff demonstrated a sound knowledge of individual services users' needs and behaviours and confirmed that a person centred approach underpinned their practice. They described how they focused on providing opportunities for service users to avail of community activities that included attending the local college, recycling programmes and availing of cafes and shops. In addition, staff described how service users were supported to enjoy walks within the local community in an effort to raise service users' awareness of the benefits arising from exercise and adopting a healthier lifestyle.

The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and service users were clear on the roles of the manager and different staff and who to approach if they had a concern.

Service users gave positive feedback regarding the activities and opportunities the day centre provided for them. The inspector observed service users freely accessing their specific equipment such as computers, books and ipads, service users were observed sharing information with each other and staff and a relaxed atmosphere was noted.

Discussion with both services users and staff with regards to the provision of effective care included the following comments:

Service users' comments:

- "Great place to come. I really like it here."
- "I like the recycling and keeping outside tidy."
- "My mum comes to my review and staff tell her how I am doing."
- "I have my friends here"

Staff comments:

- "Care plans direct the care."
- "The service users are our priority."

The responses in the returned service user/relatives questionnaires indicated that they were very satisfied that the care provided was effective.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to individualised care planning and risk assessments, communication between service users, their relatives and/or representatives, staff and other key stakeholders.

### Areas for improvement

An area for improvement in relation to Regulation 5 (1) (b) was identified. The service user guide needs to be revised to include the fees to be paid, and the arrangements in regard to the payment.

An area for improvement in relation to Standard 15.5 was identified and this relates to the further development of the annual review report.

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

Discussions with service users and staff and observation of care during the inspection demonstrated the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be appropriate, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations. Staff were observed throughout the day offering service users choice regarding activities, lunch preferences and general daily tasks. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was a good rapport noted in the engagement by staff with service users and staff were knowledgeable regarding service users likes, dislikes and individual preferences.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as creative studies, cookery, recycling and educational courses. The activity programme was noted as developing social, work and education opportunities for service users as well as their hobbies and interests. It was noted that some of the symbols used in the activity chart were misleading and should be reviewed. Bus/car maintenance was identified with a car and a spanner, yet the activity focused on checking water levels and tyres.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. Staff interactions during the meal time were observed to be compassionate, caring and timely. Staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences and it was evident that the SALT assessments guided their practice. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for as requested.

Discussion with service users and review of records evidenced that service user meetings were held monthly. It was noted that topics discussed included activities, lunch and forthcoming events.

The manager reported that service users were also afforded the opportunity to engage in service user groups within the wider organisation. It was positive to note that information for service users are provided in an easy read format.

There was evidence that service users views and opinions are sought using a range of methods that included, informal daily discussions, communication books, annual surveys and their individual annual care reviews. The annual service review report dated August 2017 was available for inspection and provided an overview of the engagement with service users and their families and reflected on the processes associated with the service provision. There was evidence that service users are consulted during the registered person’s monthly visits. The annual survey for 2018 had been completed and will generate a report when results are analysed.

The completed returned service users/relative questionnaires to RQIA post inspection confirmed that they were “very satisfied” regarding questions on “is care compassionate” in this setting. Service users consulted during the inspection also confirmed that they were treated with kindness, respected and their dignity was maintained. They stated that staff informed them about their care and supported them to make decisions about their care.

One relative consulted during the inspection confirmed that they were “very satisfied” with the compassionate care in Livability day centre.

Comments made by staff included “service users are always given a choice and you treat everyone with respect”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

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

The registration certificate was displayed appropriately; however an application for registration of the named manager on the certificate had not been submitted to RQIA. The manager has since changed and a new manager is now in position. The management arrangements of the day care setting will remain under review until a manager has completed the registration process.

It was noted that the displayed certificate of public liability insurance was out of date; this was replaced by a new certificate of insurance during the period of inspection.

There was a clear organisational structure and this information was outlined in the day care settings statement of purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the manager confirmed that they had a good understanding of their role and responsibilities outlined in the legislation.

The manager and staff advised there were a range of policies and procedures in place to guide and inform their practice. Policies were maintained in a manner that was easily accessible by staff in the office. The inspector reviewed a sample of policies and procedures and they were noted to have been updated in accordance to reflect the change of organisation.

Positive comments were provided by staff in respect of leadership they received from the manager and described the team as effective and organised. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. They demonstrated an awareness of the whistleblowing policy and were familiar with the reporting arrangements. Staff expressed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted during the inspection demonstrated the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

A review of governance records evidenced that staff received individual, formal supervision at least quarterly and are in receipt of an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager.

A review of records confirmed that staff meetings were held at least quarterly, and this was verified in records examined. The last meeting was held in May 2018 and minutes were available. Previous staff meetings had been undertaken in March, April and May 2018. The records included the date of the meeting, names of those in attendance and agenda items.

A record of complaints and compliments was maintained in the day centre. There had been no complaints recorded since the previous inspection. Discussions with staff confirmed that a robust complaint management process is in place within the setting. A monthly audit of the complaints and compliments record was completed during the monthly visits undertaken for the registered person.

The inspector discussed the monthly visits under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The reports for March, April and May were examined and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. It was good to note that each report identified the improvements to be made, an action plan and who was responsible for each item along with a timeframe for completion.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussions with service users, staff and the manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding

- Individual person centred care
- Individual risk assessments
- Disability awareness

Ten service users/relatives returned questionnaires to RQIA post inspection. The responses indicated service users were “very satisfied” regarding questions on “is care well led/managed” in this setting.

One relative consulted during the inspection confirmed that they were “very satisfied” regarding questions on “is care well led/managed” in this setting. The relative confirmed that the service was managed well and they knew how to make a complaint. Comments made by the relative included “The centre is well run” and “staff are all very approachable and if I had any concerns I would talk to any of the staff”.

There was evidence of regular audit activity that included audits of care records, staff training and supervision, service users’ meetings/engagement. The organisation’s quality review compliance team also review the service twice a year and produce a Quality Improvement Plan that the team report on monthly. Overall there was clear evidence of the governance and monitoring arrangements in this setting that ensures the service is well led.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement.

### Areas for improvement

One area for improvement was identified during the inspection; the registered person must ensure that an application to register the manager of the day care setting is submitted to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Jill McDowell manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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



## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 5 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2018	The registered person shall produce a written guide to the day care setting which shall include— (b) the terms and conditions in respect of the services in the day care setting to be provided for service users, including details of the amount and method of payment of fees if appropriate;  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> The Service User Guide has been updated to include the fees applicable and methods of payment accepted.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 31 (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2018	The registered person shall ensure an application to register the manager of the day care setting is submitted to RQIA.  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b> The application to register a manager has been made to the RQIA.
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.7  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2018	The registered person shall ensure that the service user's care plan includes details of any behaviour likely to pose a risk to the service user or others, the specific management arrangements and any restrictions arising from a risk assessment that has been undertaken by an appropriate professional.  Ref: 6.4
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 15.5  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2018	The registered person shall ensure that the annual care review report is further developed and includes the progress the service user has made in regard to their personal goals and objectives.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> The service user's care plan and risk assessment regarding the necessary restrictions in place to promote their safety has been updated. (ref 6.4/ 5.7)  The annual care review report has been further developed to include the progress the service user has made regarding their personal goals/

	objectives. (ref 6.5/ 15.5)
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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