

# Unannounced Care Inspection Report

## 09 June 2017



## Lakeland Community Care

**Type of Service: Day Care Setting**  
**Address: Melvin Enterprise Centre, Gillaroo Court,  
Garrison, BT93 4ER**  
**Tel No: 02866386934 / 02868659080**  
**Inspector: Angela Graham**

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

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a day care setting that provides care and day time activities for up to sixteen service users each day. The day care setting is open Tuesday and Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Lakeland Community Care Ltd  <b>Responsible Individual(s):</b> Patrick McGurn	<b>Registered Manager:</b> Patrick McGurn
<b>Person in charge at the time of inspection:</b> Jeanette Murphy, Senior Care Assistant	<b>Date manager registered:</b> 08 April 2009
<b>Number of registered places:</b> 16 - DCS-MP, DCS-MP(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 09 June 2017 from 9.45 to 16.25 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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to safe practice in the staffing arrangements, knowledge regarding adult safeguarding, infection prevention and control, risk management and the day care setting's environment. Regarding effective practice, examples of good practice were in relation to care reviews, storage of records and communication between service users and staff. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding updating training in fire safety, fire drills, management arrangements for volunteers, completion of competency and capability assessments, care records and the annual quality review report.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "the staff are second to none, always patient and helpful", "we are offered choice regarding the meals and how we spend our day including activities", "I feel very safe here" and "this place is a lifeline to me".

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	5

Details of the Quality Improvement Plan (QIP) were discussed with Patrick McGurn, Registered Manager and Jeanette Murphy, Senior Care Assistant 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 2016

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 31 May 2016.

#### 5.0 How we inspect

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and quality improvement plan (QIP).

During the inspection, the inspector met with the registered manager, three care staff, a volunteer and eleven service users. The senior care assistant was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requesting their return to RQIA. Three staff, one relative and three service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of three staff meetings

- Minutes of three service user meetings
- Three monthly monitoring reports.

Six areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met in five of the matters and partially met in one of the matters.

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 31 May 2016

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 2016

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered manager should ensure: <ul style="list-style-type: none"> <li>(a) each service user has an up to date person-centred assessment of his or her needs. This should include, as appropriate:               <ul style="list-style-type: none"> <li>• information on the service user's physical health;</li> <li>• mental health;</li> <li>• awareness and decision making skills;</li> <li>• emotional well-being;</li> <li>• capacity for the activities of daily living and self care;</li> <li>• if there are any dietary needs;</li> <li>• mobility;</li> <li>• communication and sensory functioning abilities;</li> <li>• lifestyle including their current living arrangements;</li> </ul> </li> </ul>	<b>Met</b>

	<ul style="list-style-type: none"> <li>social needs including where relevant any cultural or spiritual needs.</li> </ul> <p>(b) assessments are dated, signed by the service user, the member of staff completing it and the registered manager.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of three care records confirmed that this area for improvement had been addressed.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager</p>	Partially met
	<p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed three care plans. Two of the three care plans had not been signed by the registered manager or service user. This area for improvement has not been fully addressed and has been stated for a second time in this report.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23.8</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure that staff meetings take place on a regular basis and at least quarterly.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The inspector reviewed the minutes of staff meetings. The last meeting was held on 26 May 2017 and minutes were available.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 14.10</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure that the record of complaint includes the name of the complainant, details of the investigation, outcome, action taken (if any) and if the complainant was satisfied with the outcome.</p>	Met

	<p><b>Action taken as confirmed during the inspection:</b> Review of the complaints record evidenced that this area for improvement had been addressed.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 24.1 <b>Stated:</b> First Time</p>	<p>The registered manager should develop a written policy and procedure on the recruitment and involvement of volunteers in the centre, in keeping with Standard 24 of The Day Care Settings Minimum Standards, January 2012.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed.</p>	
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 18.1 <b>Stated:</b> First time</p>	<p>The registered manager should ensure the management of records policy and procedure is further developed to include details in regard to access to records, the storage, retention and disposal of records.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed.</p>	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The senior day care worker confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 02 May 2017 until 09 June 2017 evidenced that the planned staffing levels were adhered to. Staff consulted confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels.

On the day of inspection a volunteer was supporting care staff in the day care setting. The inspector discussed the role of the volunteer with the registered manager. Discussion with the registered manager confirmed records detailing the scope of activity and responsibilities of volunteers were not in place. Review of the staffing roster confirmed that records were maintained of staff working in the day centre however a record was not available of the volunteer's hours of service. These were identified as areas for improvement.

Discussion with the recently recruited senior care assistant revealed that a competency and capability assessment had not been completed. A competency and capability must be completed for any person who is given the responsibility of being in charge of the day care setting for any period in the absence of the registered manager. This was identified as an area for improvement.

Discussion with registered manager and review of records evidenced that a newly appointed staff member completed a structured orientation and induction programme at the commencement of their employment. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence.

Discussion with staff and review of returned staff questionnaires confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid and adult safeguarding training. Review identified two care staff that required updated training in fire safety. This was identified as an area for improvement.

The setting's accident and incident records were inspected; this revealed no incidents had been recorded since the last care inspection. Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual who assured they had the right knowledge and information to prevent harm to the service users attending the setting.

The registered manager confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager reported there were no suspected, alleged or actual incidents of abuse identified and reported since the last inspection.



A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling, clean throughout and well decorated. The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

Review of fire drill records confirmed that fire drills had not been undertaken annually, the most recent fire drill had been undertaken on 26 April 2016. This was identified as an area for improvement.

Three service users completed questionnaires for this inspection. These service users confirmed that they felt safe in the setting. These service users also confirmed that they could talk to staff if they were unhappy or had any issues or concerns and they could tell someone if they were worried about someone being treated badly. The service users reported the setting was comfortable and they knew what to do if the fire alarm sounded.

One relative returned a questionnaire to RQIA post-inspection. The relative identified that they were very satisfied with the safe care in Lakeland Community Care. They stated that their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and that they would report concerns to the manager.

Three staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that the care was safe, they had received training in adult safeguarding, there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, knowledge regarding adult safeguarding, infection prevention and control, risk management and the day care setting's environment.

### Areas for improvement

Five areas for improvement were identified in relation to updating training in fire safety, fire drills, management of volunteers and completion of competency and capability assessments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

#### 6.5 Is care effective?

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

Discussion with the senior day care worker established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. This review identified a service user that required assistance with mobility. A care plan was not in place detailing the level of care and support required to meet the service user's mobility needs. The review also identified a service user whose assessment documentation confirmed that they were at risk of falls. A care and support plan was not in place to address this risk. This was identified as an area for improvement.

The review of elements of three service user care files identified the care plans had not been signed by the registered manager or the service user in two out of the three care plans reviewed. This was an area for improvement identified during the previous care inspection. This area for improvement has not been addressed and is stated for the second time in this report. The inspector acknowledges that the care plans were signed and dated by the member of staff responsible for drawing them up.

Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Lakeland Community Care.

Care recording for every five attendances was being maintained in the three care records inspected.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The senior day care worker confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, staff training, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the senior day care worker and review of records evidenced that service user meetings were generally held bimonthly. The last meeting was held on 04 May 2017 and minutes were made available.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Three service users' completed questionnaires. These service users confirmed that they were getting the right care at the right time and staff were communicating well with them. They also confirmed that their choices are listened to and they choose the activities they take part in. The service users reported that they had been involved in the annual review of their day centre placement.

One relative returned a questionnaire to RQIA post-inspection. The relative confirmed that they were very satisfied with the effective care. They stated that their relative receives the right care, at the right time, in the right place.

Three staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

### Areas of good practice

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

### Areas for improvement

Two areas for improvement were identified in relation to care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 6.6 Is care compassionate?

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

The registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

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.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities e.g. word games, knitting and bingo. Observations of service users taking part in activities showed participation was good.

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. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

Service users' confirmed their views and opinions were taken into account in matters affecting them. They identified that attending the setting helps them avoid loneliness, gives them structure to their week and is a place where they are encouraged to be independent.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices.

Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "I come to the centre two days per week. It is an important part of my week".
- "The lunch is excellent, always hot and tasty. We get a choice of lunch every day. When I arrive I get a cup of tea and there is a selection of breads".
- "I feel safe and secure here".
- "We have meetings in the centre and discuss what we would like to do and where to go on day trips. We are planning on going to Bundoran for our next trip".
- "I am very well looked after here. Staff see to all my needs".
- "A lady comes into the centre to do armchair exercises. I really enjoy the exercise".
- "Staff are the best you could get".

During the inspection the inspector met with three care staff and a volunteer. Some comments received are listed below:

- “I have attended all the mandatory training. I have supervision every three months, however the senior or manager is always available if I need to discuss issues”.
- “The care here is excellent, very much driven by the service users”.
- “The clients come first at all times”.
- “I have worked here a long time and I am very happy in my job”.

Consultation with service users regarding compassionate care and service users’ questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected, they have choices and are involved in decisions.

One relative returned a questionnaire to RQIA post-inspection. The relative confirmed that they were very satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

Three staff questionnaires confirmed service users are treated with dignity and respect, encouraged to be independent and their views are sought and acted upon.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 Is the service well led?

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

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. A certificate of public liability insurance was current and displayed.

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre’s policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance.

A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the senior care assistant confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 26 May 2017 and minutes were available. The previous staff meeting had been undertaken on 10 February 2017. The senior care assistant confirmed that the minutes of staff meetings were made available for staff to consult.

No complaints had been recorded since the previous care inspection on 31 May 2016, however a complaints record was maintained and made available for inspection. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A monitoring visit had been undertaken on 26 May 2017. Three monitoring reports were reviewed from March to May 2017. The monitoring officer reported on the conduct of the day care setting.

The last annual report was provided for the inspection however the content was not compliant with Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The registered manager was advised where guidance was available on the RQIA website and the matters that must be included in the report. This was identified as an area for improvement.

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

Three service users' questionnaires confirmed that the service was managed well. The service users also confirmed that staff had responded well to them and they are asked what they would like to do in the setting. The service users stated that they knew the manager and could talk to the manager if they had any concerns.

The returned relative's questionnaire confirmed that they were very satisfied that the service was managed well and the staff and the manager are approachable, professional and caring.

Three staff questionnaires confirmed that the service is managed well, the service is monitored, and communication between the staff and management is effective.

## Areas of good practice

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

## Areas for improvement

An area for improvement was identified in relation to the annual quality report.

	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 Patrick McGurn, Registered Manager and Jeanette Murphy, Senior Care Assistant 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.

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](http://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><b>Area for improvement 1</b></p> <p>Ref: Regulation 26 (4) (e)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall make arrangements for persons employed in the day care setting to receive suitable training from a competent person in fire prevention.</p> <p>Ref: 6.4</p>
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<p><b>To be completed by:</b> 31 July 2017</p>	<p><b>Response by registered person detailing the actions taken:</b> Fire training completed by A&amp;B Fire Equipment on 6<sup>th</sup> July 2017</p>
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<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 26 (4) (f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care setting and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>Ref: 6.4</p>
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<p><b>To be completed by:</b> 31 July 2017</p>	<p><b>Response by registered person detailing the actions taken:</b> Fire drills were covered in above training and staff are aware of their responsibilities as regards fire awareness, procedures to follow and regular communications on good practice</p>
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<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 17</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall complete the annual report which is compliant with Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The report should be sent to RQIA with the QIP.</p> <p>Ref: 6.7</p>
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<p><b>To be completed by:</b> 31 August 2017</p>	<p><b>Response by registered person detailing the actions taken:</b> Report to follow</p>
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### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 24.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a record is kept of volunteers deployed, the hours of service and the range of work undertaken.</p> <p>Ref: 6.4</p>
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<p><b>To be completed by:</b> 30 June 2017</p>	<p><b>Response by registered person detailing the actions taken:</b> The duty of volunteers has been defined and a record of duties and hours worked is carried out recorded by Senior in centre</p>
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<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered person must carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the day care setting for any period of time in the absence of the registered manager.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Senior carer was shadowed by Eileen Gilheaney for a period of 2 months after induction. A competency assessment is been carried out by Eileen Mc Barron Training Manager and will be forwarded.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 5.2</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 a written care plan is prepared in consultation with the service user or the service user's representative as to how the specific needs of the service users are to be met in the day care setting.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> We have looked at our careplans and will implement advice from the Inspector. Senior carer to have advanced training on this subject in August 2017. Needs assessments will be addressed separately on each careplan to implement how these needs are met.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 24.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered person should ensure that the scope of activity and responsibilities of each volunteer is specified in writing.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The role of the volunteers in the day care setting is defined as per our policy and will be recorded and revised as the need arises.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> A new careplan template is set up to meet the above requirement. Boxes are left for service user, staff and registered manager to sign.</p>

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



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