

Unannounced Care Inspection Report

01 May 2018



Mainstay DRP

Type of Service: Day Care Setting

Address: 1 Cumulus Heights, Ballyvange, Downpatrick, BT30 6WE

Tel No: 028 4461 7184

Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting that provides day care for service users who have a Learning Disability. The settings registration allows for up to 80 service users to be in the setting at one time to receive care, support and take part in day time activities. The setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Mainstay DRP Responsible Individual(s): Mrs Helen Owen	Registered Manager: Nicola Trainor
Person in charge at the time of inspection: Nicola Trainor	Date manager registered: 20 March 2018
Number of registered places: 80	

4.0 Inspection summary

An unannounced inspection took place on 1 May 2018 from 10.00 to 17.00. This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements; staff knowledge in regard to safe care; risk management; the day care setting environment; providing care, in the right place, at the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements; and maintaining good working relationships.

No areas requiring improvement were identified.

Service users said: (staff) “here keep us safe”, “were all friends here”, Mainstay is a “happy place”, and one service user described Mainstay as “one big family”.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 1 May 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 01 May 2018.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received from the registered manager and Mainstay DRP
- incident notifications which revealed four incidents had been notified to RQIA since the last care inspection in June 2017
- unannounced care inspection report 19 June 2017

During the inspection the inspector met with:

- the registered manager
- fifteen service users
- five care staff

Questionnaires were given to the staff on duty to distribute between service users and representatives. A poster was provided for staff to be displayed in an accessible location which informed them how to access the RQIA online questionnaire for this inspection. Five questionnaires were returned by staff; and three were returned by service users or relatives.

The following records were examined during the inspection:

- three individual staff records
- six service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2017 to April 2018
- a sample of incidents and accidents records from June 2017 to April 2018
- a sample of the staff rota arrangements during February and April 2018
- the minutes of service user meetings held in 2018
- staff supervision dates for 2017 and 2018
- monthly monitoring reports from January to April 2018
- the staff training information for 2017 and 2018
- the settings statement of purpose and service user guide

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

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 19 June 2018

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 19 June 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a), (b) & (c)</p> <p>Stated: First time</p>	<p>The registered person shall review the number of staffing on duty in the setting, their experience, roles, responsibilities and competence to ensure staffing arrangements meet the number and needs of the service users; the care plans, the size of the day care setting, the activity schedule and the statement of purpose</p> <p>The permanent staff and temporary staff must also have the right knowledge and information to ensure all service users are cared for effectively and treated with dignity and respect.</p> <p>Staff must receive the training described in the training plan to ensure they can safely, effectively and compassionately support the service users in their care.</p> <p>Actions taken to achieve and assure improvements in this regard must be detailed in the response section of this QIP.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed staffing levels had been reviewed, new systems had been established</p>	

	to ensure staff training and support was effective. Records to evidence this was in place, were available and up to date at the time of inspection.	
Area for improvement 2 Ref: Regulation 26 (4) (a) Stated: First time	The registered person shall complete the fire risk assessment action plan and sign off of this action plan must be completed by the registered person. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The fire risk assessment record evidenced this improvement had been achieved, inspection of the record confirmed the fire risk assessment was in place, it was current and the action plan was addressed.	
Area for improvement 3 Ref: Regulation 17 (1) & Schedule 3 Stated: First time	The registered person shall forward the most recent annual report to RQIA with the QIP that describes the matters listed in Schedule 3. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The annual report was submitted to RQIA with the QIP.	
Area for improvement 4 Ref: Regulation 28.4 Stated: First time	The registered person shall ensure the frequency of monitoring visits is at least monthly and the report should include the conduct of the setting. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Inspector confirmed the monthly monitoring visit reports were available and up to date at the time of inspection. Review of reports confirmed this improvement was met.	

<p>Area for improvement 5</p> <p>Ref: Regulation 15 & 16</p> <p>Stated: First time</p>	<p>The registered person shall review the emergency placement identified during the inspection 19 June 2017 and ensure a full assessment of need and care plan are in place for this service user without delay. The care plan must evidence service users' needs are met safely, effectively and compassionately and ensure other service users are not at risk of harm.</p> <p>Ref: 6.7</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed this was completed as a matter of urgency after the inspection. During this inspection the review of the service user's individual records confirmed the required documentation was available and up to date at the time of inspection.</p>		
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 18.1</p> <p>Stated: Second time</p>	<p>The registered person shall review and improve the settings staff supervision policy and procedure so it is consistent with standard 22.2 in terms of frequency.</p> <p>Ref: 6.2</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Staff supervision records were available and up to date at the time of inspection.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The registered person shall put appropriate arrangements in place to improve one service users care plan. It should detail details how needs arising from their dementia diagnosis should be met by staff to ensure the service user is cared for in a compassionate and effective way by staff. Following the inspection on 19 June 2017 this should be completed for all service users not only those who have a diagnosis of dementia.</p> <p>Ref: 6.2 & 6.5</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The service users individual care records</p>		

	showed improvement in this regard had been achieved.	
Area for improvement 3 Ref: Standard 5.1 & 5.2 Stated: First time	<p>The registered person shall improve care plans so they detail how service user's personal objectives and personal preferences will be met.</p> <p>Ref: 6.2 & 6.5</p> <p>Action taken as confirmed during the inspection: A sample of six care plans inspected showed this improvement had been implemented in the records inspected.</p>	Met
Area for improvement 4 Ref: Standard 17.9 Stated: First time	<p>The registered person shall put arrangements in place for the audit of individual service user's files. The audit should ensure the quality of information recorded by staff promotes safe, effective and compassionate care that is consistent with the service user's views, preferences and needs.</p> <p>Ref: 6.2 & 6.5</p> <p>Action taken as confirmed during the inspection: Audits were available and evidenced improvement had been achieved at the time of inspection.</p>	Met
Area for improvement 5 Ref: Standard 22.2 Stated: First time	<p>The registered person shall keep a supervision record or audit that provides evidence supervision meetings are taking place in a timely manner and are compliant with this standard.</p> <p>Ref: 6.2 & 6.7</p> <p>Action taken as confirmed during the inspection: Supervision records were available, up to date and showed improvement at the time of inspection.</p>	Met

<p>Area for improvement 6</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered person shall further improve the day care settings arrangements for communicating and consulting with service users.</p> <p>The minutes of the service users meetings should:</p> <ul style="list-style-type: none"> • be written for service users in an easy read format for their reference • contain an action plan that describes how actions will be progressed. <p>The annual service users quality assurance survey should be undertaken annually and the evaluation report containing an action plan from the findings.</p> <p>This should be monitored by service users and staff for improved outcomes.</p> <p>Ref: 6.2</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The annual service users' quality assurance report was available and showed improvement at the time of inspection.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 23.3 & 23.7</p> <p>Stated: First time</p>	<p>The registered person shall improve the record of staff working so it describes the capacity in which staff work and include who is in charge of the day care setting daily.</p> <p>Ref: 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The staff rota was available and showed this improvement had been made at the time of inspection.</p>		

<p>Area for improvement 8</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a competency assessment is in place for any staff that act up in the manager's absence and take charge of the centre in the absence of the manager.</p> <p>Ref: 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Competency assessments were available and up to date at the time of inspection.</p>	<p>Met</p>	
<p>Area for improvement 9</p> <p>Ref: Standard 21.9</p> <p>Stated: First time</p>		<p>The registered person shall produce an annual training plan that facilitates staff to undertake their role and responsibility to provide safe, effective and compassionate support and care for service users. This should include mandatory training and other training appropriate to the service. Training delivered should also be evaluated for effectiveness.</p> <p>Ref: 6.4</p>
<p>Action taken as confirmed during the inspection:</p> <p>Training records had been improved; inspection of them showed they were available and up to date at the time of inspection.</p>	<p>Met</p>	
<p>Area for improvement 10</p> <p>Ref: Standard 5.2, 5.7 & 7.4</p> <p>Stated: First time</p>		<p>The registered person shall put in place arrangements for any new information (e.g. SALT assessment) is stored on the service user's individual record and is included in the assessment of needs and integrated into service users care plan.</p> <p>Ref: 6.5</p>
<p>Action taken as confirmed during the inspection:</p> <p>A sample of six service users individual records were inspected and showed this improvement had been implemented in those records at the time of inspection.</p>		

<p>Area for improvement 11</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered person shall put in place measures to improve daily records. The detail recorded should be adequate to inform the reassessment of needs.</p> <p>Ref: 6.5</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A sample of service users records were inspected, they were available and up to date at the time of inspection.</p>		
<p>Area for improvement 12</p> <p>Ref: Standards 18.1, 18.3 & 18.5</p> <p>Stated: First time</p>	<p>The registered person shall put in place adequate arrangements for staff to have access to a full set of policies and procedures that are centrally indexed, accessible for staff and consistent with Appendix 2 of the day care settings standards.</p> <p>Ref: 6.7</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The policy file was sampled and this evidenced they were available and up to date at the time of inspection.</p>		
<p>Area for improvement 13</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p>	<p>The registered person shall put in place audit arrangements in this setting that evidence of compliance with standards, regulations, guidance, policies and procedures.</p> <p>Ref: 6.7</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A sample of audits were inspected which showed improvement had been achieved in this regard. Furthermore discussion with the manager confirmed the manager understood the benefits of using audit activity to monitor the quality of care delivered, outcomes achieved and compliance with the day care setting standards.</p>		

Area for improvement 14 Ref: Standard 23.8 Stated: First time	The registered person shall improve the staff meetings record to include a record of the actions agreed with responsibility & time frame for completion assigned. It is recommended this is improved. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The inspection of staff meeting records showed this had been improved at the time of inspection.	

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 current manager produced evidence that showed the service users' needs daily and staff available to meet them had been mapped to ensure the right staff were allocated to service users who needed one to one or more intensive support during the day and the right number of staff was available to provide the care required. An overview of required staff and service user needs to be met daily was written and available for staff reference. The discussion with the manager and staff revealed everyone was clear regarding service users who were in the setting, their needs and which staff were meeting specific service user's needs. This was a significant improvement since the last inspection and showed the manager and staff were fully appraised regarding what staffing arrangements were required daily to provide safe care in the day care setting.

Records regarding staff working each day, the capacity in which they worked and who was in charge of the centre were inspected from December 2018 to April 2019, they showed there was at least two staff allocated to each room and identified the manager or senior day care worker was in charge of the setting daily.

Three staff had commenced employment in the setting since the last inspection and their induction programme was made available for inspection. The records showed they had been informed regarding the role and responsibility they were undertaking, the service users' needs and plans in the setting, the lay out of the building and what they needed to do in an emergency, or if a risk or concern including a safeguarding concern was identified. The records also showed the new staff had discussed with their manager and reflected on the knowledge, skills and experience that were required to undertake their role. Any gaps identified were being addressed through coaching, supervision and training, this approach was a robust way to ensure staff were supported to deliver safe and effective care in the setting.

Inspection of the staff training records showed staff had received mandatory training and other appropriate training relevant to their roles and responsibilities. For example staff had received training regarding adult safeguarding, first aid, fire safety, complaints, human rights medication and training regarding dementia. The discussion with the manager, staff and inspection of training records showed staff were informed regarding current practice guidance which supported staff to meet service users' needs and support them safely and effectively. Post training the manager had set up discussions and reflective practice work books for staff and asked staff to demonstrate their understanding of applying the training to practice. This had assured the manager the staff were applying knowledge to practice.

The review of the settings incident and accident records did not identify any concerns regarding the staffs approach to safe practices and no further incidents were identified that should have been forwarded to RQIA.

The manager and staff identified the support plans in place that described practices that may be restrictive, these plans were inspected and documents described restrictive practices as a last resort to be put in place to ensure the safety of the service users and others. Plans were made in consultation with the service users, where possible, their representative and professionals involved in their care.

The walk around the setting found the environment presented as safe, clean and tidy, furniture was accessible for service users to use and group rooms were not overcrowded. Service users were observed moving around the setting freely and discussion with staff revealed service users were being supported to be as independent as they could within the safe environment. Staff also identified there was additional risks for some service users when mobilising around the setting and they described they knew when to intervene to ensure service users were safe in the setting. This was a positive indication that staff were balancing safe care with service users right to be independent.

The settings fire risk assessment was dated October 2017 and the items in the action plan were addressed and signed as complete by the manager.

The service users were asked if they felt safe in Mainstay, the feedback from service users was they felt safe in this day care setting. They said: "staff keep us safe"; and they described they would speak to staff if they had a worry or concern. Service users also said if the fire alarm sounded they knew they needed to go outside and the staff would help them to get to the safe place.

Staff were asked is care safe in this setting, they said the setting was safe because: they were aware of service users whereabouts; they received regular training and were knowledgeable regarding their role to safeguard service users; and they knew who the safeguarding champion was in the organisation. Staff identified the care was safe because of the staffing numbers, improvements and processes put in place since the last inspection and the arrival of the new manager.

Five staff returned questionnaires to RQIA post inspection, three identified they were "very satisfied" and two identified they were "very unsatisfied" regarding the question "is care safe" in this setting. They identified that staff were employed in sufficient numbers to meet the needs of the service users, staff had been inducted and had received all mandatory training. Staff had received safeguarding training and all staff were aware of their responsibility to report any concerning or unsafe practice. The respondents who were unsatisfied did not give any further

information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond.

Three service users and relatives returned questionnaires to RQIA post inspection, they identified they were “very satisfied”. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

In conclusion the inspection of records, discussion with staff and observations showed the care and support delivered by staff was intended to help them and support service user’s safely in the day care setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff knowledge in regard to safe care, risk management and the day care setting environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Six service user’s care files were inspected. Individual assessments and care plans were in place for each service user that described their identified physical, social, emotional, and psychological needs. The service users individual records contained the service users individual written agreement that set out the terms of their day care placement; assessment of needs; pen picture of life history; risk assessment where risks were identified; care plans; and regular recording of the health and well-being of the service users. The sample of records inspected was up to date at the time of the inspection.

Discussion with the person in charge revealed records were stored safely and securely in the day care setting, in line with data protection. Staff discussion confirmed they were using the individual records to guide their practice and they understood the importance of keeping records current and relevant. The organisation was updating their policies and procedures in relation to General Data Protection Regulations (GDPR) and the manager confirmed this will be disseminated to staff prior to the date of implementation.

The service user risk assessments and other assessments in place detailed service users individual assessed needs and had been reviewed and updated as required. Specific assessments and plans were in place including moving and handling, nutrition, memory loss and falls. Systems were in place to review the service user’s placement within the centre and the review included consideration was the placement still appropriate to meet the service

user's health and social care needs. Initial and annual reviews had happened within the required timescales and plans had been updated.

Service users spoken to during the inspection said they felt they were in the right place receiving support and care. They described the activities they enjoy such as pottery class, cooking, painting, art, outings, puzzles, indoor games, music groups, disco, yoga, gardening, film days, table top games and snooker. They described "we can say what we want to do in day care", "staff ask us daily what we want to do", they also described staff will support them if they wanted to do something different from their schedule. Service users also identified they were developing skills in Makaton which helped them with their communication with the group and staff.

Discussion with staff revealed ways staff felt they were promoting and delivering effective care for service users'. They discussed arranging a variety of activities that service users could choose from and would help service users to develop independence skills in the setting. Staff confirmed they used the assessment and care plan to guide the care they deliver and they regarded recording and communication as important to ensure they were delivering the right care. Observation of care and discussion with service users found some service users had limited speech, staff were observed using communication approaches other than verbal with service users and showed they knew how best to communicate with individuals, promote their involvement and ensure their views or thoughts were communicated with the group they were working with. This ensured service users had the best opportunity to be involved in their care and the activities being delivered.

Three service users and relatives returned questionnaires to RQIA post inspection, they identified they were "very satisfied" regarding the question "is care effective" in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Five staff returned questionnaires to RQIA post inspection, four identified they were "very satisfied" and one identified they were "very unsatisfied" regarding the question "is care effective" in this setting. They identified that services users had been assessed and were in the right place for their needs to be met, staff were kept informed of changes to service user care plans, referrals/treatment to/from other agencies and professionals was dealt with promptly and the service had good working relationships with other professionals/agencies. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond.

Overall discussion with staff, review of records and observation of care showed communication and procedures had been improved and staff were providing safe and effective care as described in service users individual records, staff knew what each service user needed and how best to meet their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, at the right time and activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Discussion with service users and observations of care showed service users were treated with dignity and respect by staff and they were promoting and maintaining service user's independence when possible. Service users were being enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests that were service user's personal choice. If a service user wanted to move to a different activity staff were observed supporting the service user at the right level to ensure they were safe.

On the day of the inspection the service users spoke about activities they were enjoying, for example the outing, craft projects, art projects and indoor games. Observation of care during the inspection found service users were engaging with staff while taking part in activities, they shared their interests, thoughts, and preferences which helped staff gauge their level of interest and promote the service users involvement. Service users were also observed being assisted by staff who were encouraging and supporting service users to achieve the outcome they wanted.

The service user meetings record was inspected for 2018 and there were minutes of meetings held monthly with service users in each room. The minutes provided a clear record of who was involved, the agenda, what input the service users had including their comments, views and suggestions; with action points to progress plans. Observations of staff consulting with service users during the inspection and the meeting records showed staff were seeking opportunities to involve service users in their care and support. The outcomes of service user meetings and action points were written on the information board in the communal hall area, the staff had met to plan how they would deliver the suggestions and this process had led to ideas regarding activities and outings being implemented.

The annual service users' quality assurance survey had been completed for 2017 with service users, relatives and professionals who worked with the setting. The summary report identified some areas for development by management and staff; and these were being acted upon; thus showing there was robust systems in place that promote service users involvement and preferences.

Service users were asked if care in the setting was compassionate and encouraged them to be involved. They said they were encouraged by staff to be involved and one service user stated staff had asked them "what I like to do". The service users all commented they can say what they want to staff about day care or any concerns they have and were happy staff would help and support them.

During the inspection staff were observed asking service users for feedback regarding their experiences in day care and asking what they wanted to do which was consistent with the feedback from service users. Overall the observations of staff responses and their communication with service users showed they were knowledgeable regarding each individual's communication needs, they knew how to enable service users to speak openly; and ascertain their choices.

Staff were asked to describe their delivery of compassionate care, they said every staff member takes time to ascertain service user's choices and preferences; they get to know each individual service user's needs, plan and personal qualities and well as their skills. Open communication was also identified as key to ensuring each service user and their representatives were well informed and involve service users in activities, planning and meetings. Examples were given regarding service users who were undertaking projects, activities and involved in outings that had enabled them to grow in confidence and develop new skills since attending the setting such as gardening, yoga, and craft skills. Staff recognised this was an improved outcome for the service users.

Three service users and relatives returned questionnaires to RQIA post inspection, they identified they were "very satisfied" regarding the question "is care compassionate" in this setting. By this they meant they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Five staff returned questionnaires to RQIA post inspection, four identified they were "very satisfied" and one identified they were "very unsatisfied" regarding the question "is care compassionate" in this setting. They identified staff treated them with kindness; dignity and respect. All staff engaged with service users with warmth and consideration; care was delivered in a person centred individual manner and not routinely; staff communicated with service users about their care and treatment in a manner which was understood; there was a culture of reporting any concerning practice and confidence that these concerns would be dealt with. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond.

The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff which was informing the quality and delivery of day care in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service had been reviewed and updated since the last inspection by the provider and was provided for reference during this inspection. The document clearly described the nature and range of services provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. In summary evidence gathered at this inspection indicated that the service is currently operating in keeping with its Statement of Purpose.

There were a range of policies and procedures in place to guide and inform staff and the staff spoken to advised they could access these from the office. The manager had brought four policies to the staff team meeting since the last inspection to ensure staff were aware of their content and their role and responsibility to use them daily. Discussion with staff confirmed they were increasing their awareness of the content of the settings policies and procedures and they were referencing them to the day care setting standards to ensure care was at least consistent with the minimum standard or exceeding the minimum.

A sample of the staff supervision records was inspected and this showed three staff had met with their supervisor at least every three months for supervision and annually for an appraisal meeting, these discussions were recorded and available for inspection.

Staff meetings were held monthly to discuss issues regarding the operation of the day care setting and to plan changes to the day care provision. Minutes and attendance were recorded and records were sampled for January, February and March 2018. The minutes showed staff were discussing and acting on information that assured care was safe, effective, compassionate and well led, for example procedures, improvements, issues regarding rooms and service user groups, communication and individual service user needs.

One complaint had been recorded and this had been resolved locally to the complainant's satisfaction. Discussion with the staff confirmed they were aware of how they should respond to a complaint or area of dissatisfaction. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience.

The setting had audit arrangements in place to assure care was safe and effective. Audits sampled showed monitoring of care records; training; and the environment were in place

A sample of Regulation 28 monthly quality monitoring visits (MMV) were inspected for January, February, March and April 2018. This found visits were monthly, they were a mix of announced and unannounced visits, they qualitatively reflected service users and staff views and commented on the conduct of the day care setting. In summary there were improved arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals and the actions identified for improvement were followed up.

The annual report for April 2016 to March 2017 was sent to RQIA with the last QIP, the report included matters listed in Schedule 3. The report for April 2017 to March 2018 was being completed at the time of the inspection.

The staff were asked for their opinion regarding effective leadership in the setting, they described the change in manager had been positive for them because they had brought a management approach to the setting that was organised, she had systems in place they understood and was centred on meeting the service users' needs safely and effectively. Staff also identified the manager had added homely touches to the setting to make service users feel comfortable and at home. Staff felt they were working well together and could approach the assistant manager and manager at any time for support. One staff member commented the changes have been "brilliant" another said the manager is "understanding".

The service users were asked to describe the role of the manager and staff in the setting, they described Nicola was in charge and she was assisted by the deputy manager. They explained they knew the manager because she had been in the day care setting but they also knew she spent time in the office as because she is a manager. Generally the service users described staff as supportive and if they needed to talk to anyone about a concern they were confident they could speak to any staff and their concerns would be dealt with.

Three service users and relatives returned questionnaires to RQIA post inspection and they identified they were "very satisfied" regarding questions on "is care well led" in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Five staff returned questionnaires to RQIA post inspection, four identified they were "very satisfied" and one identified they were "very unsatisfied" regarding questions on "is care well led" in this setting. They identified there was a culture of staff empowerment and involvement in the running of the service, a culture of learning and upskilling, a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations. Managers/leaders were approachable and open to whistleblowing or raising concerns. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews