

Unannounced Care Inspection Report 19 June 2017



Mainstay DRP

Type of Service: Day Care Setting

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

Tel No: 02844617184

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 day care setting 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 who will be provided with care and day time activities. The centre is open Monday to Friday.

3.0 Service details

<p>Organisation/Registered Provider: Mainstay DRP</p>	<p>Registered Manager: Mrs Denise O'Shea</p>
<p>Responsible Individual(s): Mrs Helen Owen</p>	

Person in charge at the time of inspection: Mrs Denise O'Shea	Date manager registered: 22 September 2015
Number of registered places: 80 – DCS-LD, DCS-LD(E)	

4.0 Inspection summary

An unannounced inspection took place on 19 June 2017 from 10.30 to 16.45.

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 the detailed induction booklet which was observed as a comprehensive review of care workers roles and responsibilities. This booklet had the potential to promote safe, effective and compassionate care. There were examples of good practice in relation to service user reviews; staff listening to service user's views; and the management of complaints.

Areas requiring improvement were identified in relation to staff records; staffing arrangements; staff training; adult safeguarding and incident notification; risk management and the settings management of the fire risk assessment action plan; care records; taking account of the views of service users; governance arrangements and quality improvement.

Service users in the setting were familiar with the setting and said they knew where to go and what activities they wanted to do; a small group said they were "happy" doing the activity they were involved in.

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	6	14

Details of the Quality Improvement Plan (QIP) were discussed with Denise O'Shea, 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 however the Responsible Individual and Registered Manager were invited to meet with RQIA regarding serious concerns on 28 June 2017. This meeting discussed the improvements that had not been met since the last inspection and the number of concerns found during this inspection. The Responsible

Individual and Registered Manager provided an action plan which they assured RQIA had been implemented to improve the areas identified. This was a proactive response by the provider and time will be given for them to implement the improvements.

This inspection report and QIP gives a full and factual account of the issues and concerns identified during this inspection, improvement will be inspected for at the next inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 17 August 2016

Other than those actions detailed in the QIP and section 4.1 no further actions were required to be taken following the most recent inspection on 17 August 2016.

5.0 How we inspect

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

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

During the inspection the inspector met with:

- The registered manager
- Three care staff
- Twelve service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None had been returned at the time of writing this report and any received will inform the next inspection.

The following records were examined during the inspection:

- Five service users care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to June 2017
- A sample of incidents and accidents records from August to June 2017

- The staff rota arrangements during June 2017
- The minutes of service user meetings in May and June 2017
- Staff meetings held Weekly in May 2017
- Staff supervision dates for 2017
- Eight monthly monitoring reports from July 2016 to May 2017
- A sample of staff training information for 2016 and 2017
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met in two of the areas for improvement, partially met in two of the areas for improvement, and not met in four areas for improvement.

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 17 August 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 17 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (b) Stated: First time	The registered provider must ensure cover staff and temporary staff have the right knowledge and information to ensure all service users are cared for effectively and treated with dignity and respect.	Partially met
	Action taken as confirmed during the inspection: Inspector confirmed through discussion with the manager and review of the last QIP that temporary staff were informed regarding service users' needs. Temporary staff and cover staff were not identified during this	

	inspection. Key worker staff were spoken to and gaps in knowledge regarding service users assessments and plans were identified. A new requirement is made to ensure staff knowledge and competence meets the needs of the service users being cared for.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 10.5 Stated: First time	The registered provider should put arrangements in place for service users to access necessary aids and equipment during meal times to ensure service users can eat their lunch in a healthy and safe way. (10.5)	Met
	Action taken as confirmed during the inspection: The meal time was observed during this inspection and service users were supported to eat their lunch in a healthy and safe way.	
Area for improvement 2 Ref: Standard 22.2 Stated: First time	The registered provider should increase individual, formal supervision sessions in compliance with the day care setting's procedures and no less than every three months.	Met
	Action taken as confirmed during the inspection: Samples of supervision records were inspected and the frequency was consistent with the standard. However the manager did not have a record showing all supervision meetings had taken place and that evidenced compliance. A new recommendation is made to ensure improvement in this regard.	
Area for improvement 3 Ref: Standard 18.1 Stated: First time	The registered provider should review and improve the settings staff supervision policy and procedure so it is consistent with standard 22.2 in terms of frequency.	Not met
	Action taken as confirmed during the inspection: The policy was dated January 2017 however the content was not consistent with the standard. This was carried forward to the serious concerns meeting held on 28 June 2017 and is restated in the QIP.	

Area for improvement 4 Ref: Standard 5.2 Stated: First time	<p>The registered provider should 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.</p>	Partially met
	<p>Action taken as confirmed during the inspection: The returned QIP described the service users plan had been updated however a sample of four care plans were inspected which did not detail 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. This was carried forward to the serious concerns meeting held on 28 June 2017 and is restated in the QIP</p>	
Area for improvement 5 Ref: Standard 5.1 & 5.2 Stated: First time	<p>The registered provider should improve care plans so they detail how service user's personal objectives and personal preferences will be met.</p>	Not met
	<p>Action taken as confirmed during the inspection: The returned QIP described care plans will detail how objectives will be met however inspection of five service users individual records found this had not been put in place in these records. This was carried forward to the serious concerns meeting held on 28 June 2017 and is restated in the QIP.</p>	
Area for improvement 6 Ref: Standard 17.9 Stated: First time	<p>The registered provider should 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>	Not met
	<p>Action taken as confirmed during the inspection: The audit of service user's individual files was noted as ongoing in the managers audit list. Due to the number of issues found in this inspection the effectiveness of the audit was discussed with the manager. The record of audit did not satisfy compliance with this</p>	

	recommendation. This was carried forward to the serious concerns meeting held on 28 June 2017 and is restated in the QIP.	
Area for improvement 7 Ref: Standard 8.2 Stated: First time	<p>The registered provider should improve the day care settings arrangements for communicating and consulting with service users. Particularly 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 to ensure agreed actions are progressed and monitored by service users and staff for improved outcomes. 	Partially met
	<p>Action taken as confirmed during the inspection: The inspection of service user meetings facilitated by staff provided evidence service users were being communicated with by staff regarding the day care setting and their preferences. However, there was no action plan written that evidenced improvements in line with service user's preferences, choices, feelings and outcomes they would like to achieve were being progressed. A new recommendation is made to ensure action plans are implemented that progress service users</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 staff rota records were inspected which showed staff working each day. The capacity in which staff worked and who was in charge of the centre was not recorded. The manager was asked to produce a record of when she was absent which showed who was acting up in her absence and she responded this was not recorded. A recommendation is made for the record of staff working to be improved to describe the capacity in which staff was working including who is in charge of the day care setting daily.

The competency and capability assessment was requested for staff who act up in the managers absence, the manager responded this was not done. A recommendation is made that a competency assessment is in place for any staff that act up in the managers absence and take charge of the centre in the absence of the manager.

Observation of practice and care/support provided to service users concluded staff were busy and the manager was present in the setting in a caring role. Staff numbers were discussed with the manager during the inspection which initially revealed the manager was satisfied there was enough staff to meet the needs of the service users and the settings statement of purpose. However at the end of the day discussion with the manager revisited the staffing comment, this revealed two staff vacancies were being recruited to cover maternity leave and they were short staffed. A requirement is made the number of staffing on duty in the setting, their experience, roles, responsibilities and competence should be reviewed 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.

An induction programme was in place for new staff recruited within the centre and was a similar format to the NISCC induction for care staff. Staff had commenced but not completed the induction. The manager was advised to review why this had not been progressed by staff and put in place arrangements that promote completion of the same to satisfy competence and training needs for new staff.

Staff had received a programme of mandatory training and other appropriate training relevant to their roles and responsibilities. In 2016 staff had received training in manual handling; first aid, health and safety, fire training and infection control. The discussion with the manager and staff included discussion regarding training delivered. This revealed staff and the manager were not familiar or aware of The Adult Safeguarding Prevention and Protection in Partnership Policy July 2015 and had not received training regarding memory loss and the organisation had not promoted staffs awareness of dementia. Given the concerns identified during the last inspection regarding dementia needs being integrated into care plans and the safeguarding policy having been made policy in 2016, this inspection concluded the organisation is not effectively and safely planning to meet staff training needs. Overall if this continues staff knowledge is unlikely to be current and responsive to service user's needs. Discussion with staff also revealed they were not knowledgeable regarding these matters.

The manager was given the references to enable printing of The Adult Safeguarding Prevention and Protection in Partnership Policy July 2015 for staff reference. A recommendation is made for the responsible person to produce an annual training plan for staff that details staff training needs for mandatory training and other training appropriate to the service. Staff must receive the training as assessed to ensure they are supported to safely, effectively and compassionately support the service users in their care. Training delivered should be evaluated for effectiveness.

The notifications forwarded to RQIA were cross referenced with settings records of accident/incidents and staff records. One staff file revealed two male staff had been investigated regarding an incident that occurred on 15 August 2017. Whilst the staff stated in interview they didn't know the specific service users' needs this incident was recorded as a breach of the settings vulnerable adult policy under neglect. There was no evidence this was reported to RQIA, the trust or NISCC. The organisation explained during the serious concerns meeting this was not a misconduct issues and had been described incorrectly in the record. The registered persons were reminded of the requirement to report staff misconduct concerns

to RQIA, the trust and any other professional body as deemed necessary such as NISCC (it is acknowledged this incident was prior to compulsory registration).

No restrictive practices were observed during the inspection and staff confirmed none were in place for the current group of service users.

The inspection included a walk around the environment, it was observed as safe, clean & tidy. Fire safety precautions were reviewed and this revealed the fire risk assessment was in place, the action plan had notes on it that indicated they had been actioned. Observation corroborated this was likely however, the actions taken to reduce risk were not clearly signed off by the manager or provider as complete. A requirement is made that the fire risk assessment action plan is completed and signed off by the registered person.

Areas of good practice

The detailed induction booklet was observed as a comprehensive review of care workers roles and responsibilities. This booklet had the potential to promote safe, effective and compassionate care.

Areas for improvement

Areas for improvement found during this inspection were in relation to staff records, staffing arrangements, staff training, adult safeguarding and incident notification, risk management and the settings management of the fire risk assessment action plan.

	Regulations	Standards
Total number of areas for improvement	3	3

6.5 Is care effective?

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

Five service users' individual records were inspected during this inspection. Four of the service users had a diagnosis of dementia or memory loss and this was not identified as a need or planned for. Examples were:

File 1: Service user with assessed in February 2016 by psychology service. This assessment was not integrated into the assessment or care plan information. Discussion with key worker revealed they were aware of slow progression dementia but could not describe what this meant for the service user in terms of compassionate, safe and effective care.

File 2: Service user with early signs of dementia and the assessment also described psychoses. Needs from these assessments were not integrated into the care plan. The key worker identified they support, motivate and occupy the service user but did not identify what the diagnosis meant in terms of providing safe and effective care. Staff did not have any insight into the psychoses diagnosis.

File 3: Service user described as having dementia in service plan however there was no analysis of how this may impact on the service user's independence and staff providing compassionate care. The discussion with the key worker also revealed the service user had a

SALT assessment that and a copy was not kept on the service users central file. A recommendation is made any new information (SALT assessment) is stored on the service users individual record and is included in the assessment of needs and integrated into service users care plan.

Overall there was no evidence of how needs arising from the service users memory, dementia or delirium assessments were planned for, integrated into the care plan or how they should be met by staff. Updating care plans in this regard was identified for improvement in the last inspection and is stated for a second time in the QIP for this inspection.

Service user's personal outcomes or objectives were not generally written into care planning documentation and when personal objectives were they were not ones that could be met by the day care setting. This indicated staff did not understand how to record and plan to meet them. It was noted in a service user's plan they wanted to learn to swim as a personal outcome but discussion with the manager revealed they couldn't meet this need. She described they were noting a service user's wish rather than making a plan. Updating care plans in this regard was identified for improvement in the last inspection and is stated for a second time in the QIP for this inspection

The inspection concluded the staff did not have adequate knowledge of what impact memory loss had on their service users, behaviour or emotional wellbeing. They were aware service users were not having behaviour outbursts but did not correlate the quiet, seated, potentially flat behaviours as a concern that might have a relationship with dementia. This can be addressed by improving care planning processes and increasing staff knowledge and understanding of specific needs. Improvements in staff knowledge, training and care planning have been made in sections 6.2 and 6.4.

The care plans inspected were not updated at least annually. Each year they had been dated and signed to confirm they had been read for potential changes following the annual review. However the care plans did not describe the full needs and care each service user needed to ensure they were cared for and supported in a safe, effective and compassionate way. The inspection concluded the annual review and signing of care plans was ineffective because it had not identified missing or new information that should have been in the plans. The actions to improve this have been made in sections 6.2 and 6.4.

Recording in the all files included repeated use of the term "good form" in daily notes for each service user. The manager was asked what this meant or described for each individual and this revealed each service user behaves differently and they had not described this in the notes. Discussion with staff revealed they look at these notes to gather evidence for their annual review therefore the quality of this recording should be improved. In conclusion daily records were poor quality and the detail could not inform a reassessment of needs as too generalised. A recommendation is made to improve this.

Areas of good practice

There were examples of good practice in relation to service user reviews.

Areas for improvement

The areas for improvement were in relation to care records.

	Regulations	Standards
Total number of areas for improvement	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.

Discussion with service users, staff and observation of interactions found service users were treated with dignity and respect. Promotion of service users independence was not directly observed however service users could move freely around the setting to engage with activities and see other service users. The observation of care showed staff encouraged, enabled and supported service users to engage and participate in activities. The service users responded to this differently, some were observed displaying social behaviours and engaging in what was on offer. Other service users were observed as quiet and on their own, they did not attract or demand attention through their behaviour and it is acknowledged it may be their preference to be on the periphery of activity space. Nevertheless it was observed some service users presented as more fulfilled in day care than others.

Service users said they were asked for their views and this was observed during the walk around the setting. Since the last inspection service user meetings had been improved to promote effective communication between service users and staff. Service user meetings were occurring on average monthly and were facilitated by staff in each room. However there were no action plans written and the minutes were not accessible for service users; they were handwritten, including language that was too complex for most service users. The inspection found service users were given opportunities to be involved in the running of the service however the record kept of the matters raised by service users and actions taken in response should be improved. Improvements in this regard were identified in the last inspection and are stated in sections 6.2 and the QIP for this inspection.

The annual service users' quality assurance survey was asked for, the manager did not know what this was despite the inspector referring to this in the last inspection. Service users should be consulted at least annually regarding their views and opinions of the service. A recommendation is made to ensure arrangements are in place to gather service user's views and opinions regarding the service, the findings should be evaluated in a report containing an action plan that promotes the implementation of service user's preferences and opinions where possible. Service user information should be produced in a format that they can understand, which enables them to make informed decisions regarding their life, care and treatment. Improvements in this regard were identified in the last inspection and are stated in sections 6.2 and the QIP for this inspection

Areas of good practice

There were examples of good practice found during the inspection in relation practices in place that enabled listening to service user's views.

Areas for improvement

Areas for improvement found in the inspection were in relation to the taking account of the views of service users.

	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.

There was a range of policies and procedures in place that aimed to guide and inform staff. Policies were not centrally indexed and sampling for policies contained in Appendix 1 of the standards revealed they were not complete. Staff should 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. A recommendation is made in this regard. The supervision policy was identified at the last inspection for improvement was still not consistent with standard 22.2 at this inspection. Improvements in this regard were identified in the last inspection and are stated in sections 6.2 and for a second time in the QIP for this inspection

The supervision records for three individual staff were inspected. These staff had received formal supervision at least every three months however there was no central record or audit of dates to ensure this was delivered in a timely effective manner for all staff. Improvement is recommended in this regard that evidences supervision is delivered in a timely manner for all care staff. Supervision was identified for improvement in the last inspection and this is a new recommendation to ensure improvements are maintained and evidenced.

Other audit arrangements in this setting were inspected. A monthly checklist was completed by the manager with comments such as ongoing or done and did not include evidence of compliance with standards, regulations, guidance, policies and procedures. It was also noted the manager is auditing her own work because she does most of recording and records. Audit arrangements should be improved and a recommendation is made in this regard.

The staff meetings record was inspected and this revealed they did not contain action plans. The staff meetings were held at least quarterly with minutes and attendance recorded. However there was not a record of the actions agreed with responsibility & time frame for completion assigned. It is recommended this is improved.

The most recent annual report was requested and this had not been completed. A requirement is made for the annual report to be submitted to RQIA with the QIP. Schedule 3 lists the matters to be included:

The regulation 28/monthly monitoring visit reports were inspected. The reports were not all stored in the reports file. The manager found April and May 2017 reports however August and December 2016 were not located. The regulation 28 reports were observed to lacked detail, and did not contain analysis of conduct of the day care setting. A requirement is made for the regulation 28 visits and reporting to be improved. The frequency of visits should be at least monthly and the report should include the conduct of the setting.

The April regulation 28 monitoring report contained a statement on 23 March 2017 an emergency placement was made however, emergency placements are not described in settings statement of purpose. The manager said this wasn't referring to day care as they knew about him before and he commenced his day care earlier than planned. Inspection of the service user's records found the paperwork was dated 23 March 2017 or later. There was no evidence of a referral made prior to this time; the service plan did not identify service user's needs or diagnosis to confirm they met admission criteria, or additional needs/behaviours. The information recorded did not meet the criteria for day care in this setting. A plan written for the residential care was on file and detailed information that required the service user to have 1 to 1 support in the community. This was queried with the manager and whilst they acknowledged there was specific behaviours that may pose a risk to them or others, the manager did not recognise they needed to know more about this to assure their duty of care to other service users and staff.

The registered persons must review the emergency placement which was not compliant with the setting statement of purpose and ensure a full assessment of need and care plan are in place for this service user without delay. A requirement is made in this regard. The service users' needs must be met safely, effectively and compassionately to ensure other service users are not at risk of harm. The service users' needs must be communicated to all staff and a full risk management plan should be drawn up to managed potential risks identified in the assessment.

The complaints record was inspected and this provided evidence complaints had been recorded, responded to, investigated and outcome recorded regarding the satisfaction of complainant.

Areas of good practice

The management of complaints.

Areas for improvement

Areas for improvement found throughout the inspection were in relation to governance arrangements and quality improvement.

	Regulations	Standards
Total number of areas for improvement	3	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Denise O'Shea, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a), (b) & (c)</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2017</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>
	<p>Response by registered person detailing the actions taken:</p> <p>Staffing levels have been reviewed, along with a review of all systems and activities. New systems have been established, which include monthly staff meetings, changes to lunchtime arrangements for clients, and changes to the management of clients monies. All service plans and risk assessments have been reviewed and updated along with a file audit checklist.</p> <p>Communication books have been put in place for all clients who require in order to promote effective communication and each room has a communication book pertaining to all clients in that room. The Statement of Purpose has been reviewed and updated making clear the method of referral and the basic information required if providing a service in an emergency.</p> <p>Staff training has been updated, with a full week of training, to ensure that all staff can meet the needs of service users.</p> <p>Programme included:</p> <p>Emergency First Aid with Tony Sutcliffe Aquarius Manual Handling with Mary Crothers and Aisling Owen</p> <p>Medication Training With Carol Gracey Epilepsy Awareness With Ruth Waddell Belfast Trust Go through new Service Plans and Risk Assessments for the rest of the day</p>

	<p>Dementia Awareness Training Health & Safety Basic Food Hygiene Infection Control Fire Safety Safeguarding & Fundraising Human Rights Updated Service Plans and Risk Assessments Re-writing Day Care Programmes Staff Meeting</p> <p>Rotas now clearly indicate who is in charge each day. In the managers absence a temporary manager has been appointed.</p> <p>There is a full staff compliment for this service alongside an emergency banking system.</p> <p>The induction of the member of staff identified in the report has been completed. Two new staff are in the process of induction.</p> <p>All staff have have received Safeguarding Vulnerable Adults training.</p> <p>Service Plans have been updated to ensure that where a client has a diagnosis of Dementia the impact on their needs and how these should be met has been completed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 28 June 2017</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Actions have been progressed but some remain outstanding due to commisioning procedures.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1) & Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2017</p>	<p>The registered person shall forward the most recent annual report to RQIA with the QIP that describes the matters listed in Schedule 3.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Attached</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 28.4</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2017</p>	<p>The registered person shall ensure the frequency of monitoring visits is at least monthly and the report should include the conduct of the setting.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Provider monitoring tool has been updated, to provide greater focus on the conduct of the setting. The report will also clearly identify progress on any requirements or recommendations from RQIA or other authorities.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 15 & 16</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2017</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>Response by registered person detailing the actions taken: This has been completed and a comprehensive Service Plan and Risk Assessment are in place</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 18.1</p> <p>Stated: Second time</p> <p>To be completed by: 14 August 2017</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>Response by registered person detailing the actions taken: The organisations policy has been reviewed and updated. The Acting Manager is developing a schedule which will aid monitoring on a monthly basis. All supervisions and appraisals are up to date until August 2017.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2017</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>Response by registered person detailing the actions taken: This has been completed for all service users who have a a dementia</p>

	diagnosis and is part of the consideration in the service plan for all clients.
Area for improvement 3 Ref: Standard 5.1 & 5.2 Stated: First time To be completed by: 14 August 2017	<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>Response by registered person detailing the actions taken: This has been completed for 45 service users, and is in process for the remaining 22.</p>
Area for improvement 4 Ref: Standard 17.9 Stated: First time To be completed by: 14 August 2017	<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>Response by registered person detailing the actions taken: A new audit tool has been developed, alongside a reorganisation of client information into a single file system</p>
Area for improvement 5 Ref: Standard 22.2 Stated: First time To be completed by: 14 August 2017	<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>Response by registered person detailing the actions taken: All staff supervisions are now up to date and a monitoring tool has been developed</p>
Area for improvement 6 Ref: Standard 8 Stated: First time To be completed by: 14 August 2017	<p>The registered person shall further improve the day care settings arrangements for communicating and consulting with service users. Particularly:</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>

	Ref: 6.2
Area for improvement 7 Ref: Standard 23.3 & 23.7 Stated: First time To be completed by: 14 August 2017	Response by registered person detailing the actions taken: A number of focus groups with both clients and carers have now taken place, involving half of the clients in day care. However, these focus groups took place in the home settings of the clients, e.g. residential, respite and supported housing settings. The Day Care specific focus group is planned for 11.9.17 at 11am and will engage all clients. 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. Ref: 6.4 Response by registered person detailing the actions taken: In place
Area for improvement 8 Ref: Standard 17.2 Stated: First time To be completed by: 14 August 2017	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. Ref: 6.4 Response by registered person detailing the actions taken: Current arrangements meet the necessary requirements
Area for improvement 9 Ref: Standard 21.9 Stated: First time To be completed by: 14 August 2017	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. Ref: 6.4 Response by registered person detailing the actions taken: In place
Area for improvement 10 Ref: Standard 5.2, 5.7 & 7.4 Stated: First time To be completed by:	The registered person shall put in place arrangements for any new information (e.g. SALT assessment) is stored on the service users individual record and is included in the assessment of needs and integrated into service users care plan. Ref: 6.5 Response by registered person detailing the actions taken: In place

14 August 2017	
Area for improvement 11 Ref: Standard 7 Stated: First time To be completed by: 14 August 2017	<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>Response by registered person detailing the actions taken: In place</p>
Area for improvement 12 Ref: Standards 18.1, 18.3 & 18.5 Stated: First time To be completed by: 14 August 2017	<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>Response by registered person detailing the actions taken: In place</p>
Area for improvement 13 Ref: Standard 17.9 Stated: First time To be completed by: 14 August 2017	<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>Response by registered person detailing the actions taken: In place</p>
Area for improvement 14 Ref: Standard 23.8 Stated: First time To be completed by: 14 August 2017	<p>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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: In place, and arrangements to hold monthly staff meetings have been confirmed</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews