

# Unannounced Care Inspection Report 28 February 2019



## Faughanvale Community Project

**Type of Service: Day Care Service**

**Address: Unit 11-16, The Vale Centre, Clooney Road, Greysteel,  
BT47 3GE**

**Tel No: 02871811615**

**Inspector: Marie McCann**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

Faughanvale Community Project is a Day Care Setting which can accommodate up to 35 service users and which provides care and day time activities for older people and those living with learning disability, physical disability and sensory impairment.

The centre is open every Tuesday, Wednesday and Thursday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Faughanvale Community Project	<b>Registered Manager:</b> Ms Mary Watson
<b>Responsible Individual(s):</b> Mrs Rosemary Logue	
<b>Person in charge at the time of inspection:</b> Ms Mary Watson	<b>Date manager registered:</b> 25 May 2009
<b>Number of registered places:</b> 35	

### 4.0 Inspection summary

An unannounced inspection took place on 28 February 2019 from 09.45 to 17.15.

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 determined 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 staff training, staff management, maintaining good working relationships and communication between service users, staff and other key stakeholders. Further areas of good practice were also noted in regard to infection prevention and control, fire safety precautions and the culture and ethos of the day care setting.

Areas requiring improvement were identified in relation to staff management records, care records and the annual quality report. In addition, areas for improvement from the previous care inspection were reviewed and three were restated in regard to competency and capability assessments, service users' agreements and review of service users' assessment of needs.

Service users' comments are reflected throughout the report.

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>	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Mary Watson, registered manager, the responsible individual and a director 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 30 November 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 November 2017.

#### **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 by RQIA since the last inspection.
- Incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection on 30 November 2017.
- Unannounced care inspection report and QIP from 30 November 2017.

During the inspection the inspector met with and greeted 10 service users, the registered manager, the responsible person, a director of the day centre, a visiting professional and two service users' relatives.

The following records were examined during the inspection:

- Three service users' care records.
- A sample of service users' daily records.
- Student induction records.
- A sample of staff supervision and appraisal records.
- Competency and capability records.
- Fire safety precaution records.
- Service user activity timetables.
- The day centre's complaints/compliments record since the last inspection.
- Staff roster information for January 2019 and February 2019.
- A sample of minutes of service users' meetings since the last inspection.
- A sample of minutes of staff meetings since the last inspection.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports since the last inspection.
- The Statement of Purpose, March 2018.
- Service User Agreement.
- Service User Guide.
- Complaints Policy, 2016.
- Equal Opportunities Policy, 2016.
- Whistleblowing Policy.

- Adult Safeguarding Policy and Procedures, June 2018.

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

Ten service user and/or relatives' questionnaires were provided for distribution; ten questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the registered manager, senior management staff, service users, relatives, staff and visiting professional for their support and co-operation throughout the inspection process.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 30 November 2017

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

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

### 6.2 Review of areas for improvement from the last care inspection dated 30 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref: Standard 23.2</b>	The registered provider shall complete an assessment of the competence and capability of any staff member who may be required to take charge of the centre in the absence of the	

<p><b>Stated:</b> Second time</p>	<p>manager and should keep a copy of this available in the centre.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time</p>	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records highlighted that there was an outline of what duties were required by any staff member who was expected to be in charge of the setting in the absence of the registered manager. Records also evidenced the experience of various staff members. However, there were no specific competency and capability assessments in place for relevant staff. At the request of the inspector, the registered manager submitted to RQIA, a staff competency and capability template following the inspection, which was found to be satisfactory. It was also agreed with the registered manager that this template would be completed with all relevant staff within an agreed timescale.</p> <p>This area for improvement has not been met and is stated for a third and final time.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that review and revision of the Adult Safeguarding policy is undertaken to ensure this policy reflects the Department of Health (DOH) regional policy titled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and associated DOH procedures dated 2016.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Review of the service’s Adult Safeguarding policy highlighted that further details were required. The registered manager submitted an amended and updated version to RQIA following the inspection and this was found to be satisfactory. It was also agreed with the registered manager that the updated policy would be shared with all relevant staff with immediate effect.</p>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 3.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure individual written agreements should be reviewed and revised to ensure the content is in accordance with Standard 3.1.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Review of service users' records highlighted that a new service user agreement template had been introduced. The registered manager confirmed that this was being used in all new service user admissions. However, it was noted that some service users' records still retained the older version of this document. It was agreed with the registered manager that all older versions of this document should be replaced with the new one.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure needs assessments are reviewed, dated and signed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  While it was noted that service users' individual support plans had been reviewed, their needs assessments had not been. This was highlighted to the registered manager and it was agreed that these assessments should be kept under regular and timely review.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 10.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a policy on choking is developed and made available to staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  While a choking policy was in place, which provided staff with first aid advice to be followed in the event of a choking episode, it lacked sufficient detail to ensure the health and wellbeing of service users with regard to swallow awareness, specifically, the need to collaborate with speech and language therapist (SALT) when necessary. This was discussed with the registered manager who</p>	<p><b>Met</b></p>

	<p>was advised to further develop the policy and liaise, as required, with appropriate members of the multi-professional team for advice concerning policy content. Following the inspection, the registered manager submitted an amended and updated version of the choking policy to RQIA. It was also agreed with the registered manager that the updated policy would be shared with all relevant staff with immediate effect.</p>	
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### 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 inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centres.

Discussion with the registered manager, staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. A review of the staffing roster for January 2019 and February 2019 evidenced that the planned staffing levels were adhered to. Records showed the numbers of staff working each day and the capacity in which they worked. A separate rota was also maintained for volunteers who worked in the day centre. The inspector advised that the staff rota information should include the full name of staff and the registered manager agreed to action this.

The registered manager confirmed that no new staff had been employed in the day centre since the previous inspection. The registered manager confirmed that new staff commencing employment would have an induction which included shadowing of experienced staff; getting to know service users and their support plans and risk assessments; review of relevant policies including the safeguarding policy and procedures. In addition, staff would also complete the Northern Ireland Social Care Council (NISCC) induction booklet. However, the day centre has had students on a regular basis from a local college who are engaged in supporting service users in the day care setting. The inspector identified that there was no specific induction process for such students. The inspector discussed with the registered manager the need to ensure that there is an appropriate induction relevant for various staff groups, including volunteers and students. An area for improvement was made in this regard.

The inspector viewed the system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. A director of the day centre identifies and monitors the training needs of the staff team, which includes an audit of the training evaluations. A review of a sample of staff training records concluded staff had received mandatory and other training updates relevant to their roles and responsibilities since the previous care inspection in areas



such as managing challenging behaviours, infection prevention and control, moving and handling, first aid, fire safety, continence promotion and adult safeguarding training. The inspector stressed the need for the content of training sessions to be maintained for all training sessions held. The registered manager agreed to address this. It was positive to note that a volunteer had also received all mandatory training. Discussion with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

The registered manager confirmed that arrangements are also in place for all staff to receive training regarding regional changes in the management of those service users requiring a modified diet; to date, the catering staff have also received this training.

A review of the day care setting's incident and accident records identified that there had been no accidents or incidents since the last inspection. Although there were no incidents/accidents to review, the inspector recommended that the documentation for recording incidents and accidents should be reviewed, to ensure effective incident/accident reporting and that information such as actions taken to prevent a reoccurrence and any learning or outcomes, is included. The registered manager and director agreed to action this.

There were no recent or current adult safeguarding referrals or investigations records to examine. The registered manager confirmed that staff had received adult safeguarding training and review of records verified this. Discussion with the registered manager and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records. There was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

The registered manager advised that there were no practices which are deemed restrictive undertaken in the day centre. The registered manager demonstrated knowledge and understanding that any issues in this regard requires referral to the multi-disciplinary team to ensure that such interventions are appropriately minimised, assessed in partnership with all relevant parties, documented and reviewed as required.

Observation of the environment was undertaken during a walk around the day care setting and confirmed that the environment was clean, tidy, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Discussion with the registered manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Service users also had access to outside space which they could freely use. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the day care setting. Measures included the availability of hand sanitisers around the unit, 'seven step' hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff also had access to gloves and aprons as required.

A sample of records examined identified that a number of daily, weekly and monthly health and safety precaution checks are undertaken by the registered manager. It was noted that the last fire evacuation drill was undertaken on 6 September 2018. A fire risk assessment was completed on 25 June 2018 with a review date set for June 2019. The registered manager provided assurances that the requirements from the associated action plan have been addressed.

Discussion with service users, relatives, staff and a visiting professional evidenced that they felt the care was safe. The following is a sample of comments made:

Service users' comments:

- "I come here three days, it's a great place."
- "This place has saved my life; if I wasn't coming here I don't know what I would be doing."

Relatives' comments:

- "The place is great; they do a really good job."

Staff comments:

- "Training is very good, we get updates every year."
- "The service users are safe here."

Visiting professional:

- "Staff always appear professional."

Ten service user questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was safe. Service users' comments included: "Very happy." and "Happy with all care."

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training and infection prevention and control and fire safety precautions.

**Areas for improvement**

One area for improvement was identified with regards to the induction arrangements within the day centre.

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

**6.5 Is care effective?**

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

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

Three service users' individual files were inspected. They contained service user agreements, a general assessment, transport assessments and were relevant, a specific risk assessment in areas such as epilepsy, eating and falls. As referenced in section 6.2, the day care setting has

further improvements to make in regards to the service users' agreements and the timely review of assessment records. Within the three records viewed, the inspector identified that although care plans were individualised, they did not provide a holistic overview of service users' care needs within the day centre including those service users' goals and personal outcomes which have been planned for. An area for improvement was identified in this regard.

Discussions with service users on the day of inspection highlighted positive feedback regarding the activity programme available within the day care setting, with the exception of one service user who identified a level of dissatisfaction with the current activities available for them. The inspector reviewed the weekly activity schedule for the identified service user and it was agreed with the registered manager that the activity schedule would be reviewed and updated in consultation with this service user.

The inspector evidenced that systems are in place to review each service user's placement within the centre and ensure that it is appropriate to meet their health and social care needs. Records verified that annual reviews were undertaken in consultation with the service user, their representative, as appropriate, and the Health and Social Care Trust (HSCT) keyworker. It was positive to note the completion of a pre-review report with service users prior to the HSCT review. Feedback from service users concerning the day centre was evidenced in these records and was noted to be positive. The document explored areas such as the service user's opinions about the care they received, what aspects of the activity programme has been helpful/unhelpful, evaluation of previously agreed actions and goals and the identification of new goals.

A record was also kept of each service user's involvement and progress at the day centre.

Discussion with the registered manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative.

Staff discussed how they felt care and support was effective for those who attend the day centre. They recognised that the service users were in a safe environment where they can socialise, get help from staff, engage in activities, learn new skills and go on outings. The staff said they believe these factors contribute to improvements in service users' physical and mental wellbeing.

Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and daily informal team discussions. Overall, it was clear that the staff work together to support the service users using a person centred approach that is safe, effective and meets their needs, within an open and transparent culture. Observation of practices evidenced that staff were able to communicate effectively with service users.

The registered manager confirmed that staff meetings were typically held on a two to three monthly basis. A review of a sample of minutes of the most recent meeting dated 31 January 2019 evidenced promotion of health and safety in the day centre with staff being requested to familiarise themselves with a relevant policy. The day centre staff are also reviewing opportunities to visit other day centres for shared learning. The inspector recommended that the minutes of the staff meetings should be amended to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more

clearly reviewed at future meetings. The registered manager agreed to amend the minutes template for future meetings.

The inspector discussed the development of the NISCC website to include an adult social care learning zone; the registered manager agreed this may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centres. The registered manager advised that they would review this resource and share with the staff team as appropriate.

Evidence was also 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 and service users' meetings. In addition, service users spoken with expressed their confidence in raising concerns with the day centre's staff/management. Service users knew the registered manager. A review of the relative's communication record in the service users' records highlighted the need to ensure the time of contacts are recorded in keeping with good record keeping standards.

Discussion with service users, relatives, staff and a visiting professional evidenced that they felt the care was effective. The following is a sample of comments made:

Service users' comments:

- "You could talk to any of the staff, they are all very nice."
- "Coming here has really helped me since my husband died."

Relatives' comments:

- "Xxxx is very happy here."

Staff comments:

- "We know the service users well and how best to support them."
- "We report any concern's regarding service to the manager,"
- "The manager always makes sure you are updated of any change in needs of service users, we have daily discussions."

Visiting professional:

- "The manager knows the service users well."

Ten service user questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was effective. Service users' comments included: "This is a great place we are well looked after. I have been coming here for eight years."

### **Areas of good practice**

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

## Areas for improvement

One area for improvement was identified in regards to care plans.

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

### 6.6 Is care compassionate?

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

The inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were noted to be respectful and their interactions friendly and cheerful which promoted a relaxed atmosphere.

Staff were observed communicating with service users providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and expectations. Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent.

Discussions with the registered manager and staff regarding the activities planned confirmed that they were tailored to meet the needs of service users, as well as promoting their strengths and providing choice. Observations of service users taking part in activities on the day of inspection found that participation was enthusiastic; service users were observed moving freely around the day centre and had the option of engaging in a number of different activities.

Observations of the lunch time meal confirmed that service users were given a choice in regards to the food and drinks. Staff provided levels of support consistent with service users' individual needs; it was noted that independence was promoted but when assistance was required, this support was provided discreetly. Staff afforded service users adequate time for lunch. The food appeared appetising and staff wore appropriate aprons when serving the lunch time meal. All service users spoken with confirmed that they were satisfied with the choice of meals served.

The inspector noted that service users' meetings were typically held two/three monthly. A review of the minutes from the meeting in January 2019 evidenced that service users were consulted about activities and reminded to talk to the registered manager or director if they had any worries. It was positive to note that service users were invited to attend training sessions along with staff and a review of training records verified that some service users had previously done so. The meeting agenda and copy of previous minutes were placed on the notice board for service users to have effective access to. The inspector recommended that the minutes of the service user meetings should also be amended to clearly reflect actions planned, who is

responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings. The registered manager agreed to amend template for future meetings.

A quality satisfaction survey had been completed with service users in March 2018 and the registered manager confirmed an annual satisfaction survey was being planned in coming weeks. A review of the results from the survey completed on March 2018 identified that 100 per cent of service users were happy with the service. All services users felt day care staff showed them respect, dignity and privacy with 96 per cent of service users being aware of the complaints procedure.

Discussion with service users, relatives, staff and a visiting professional evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users' comments:

- "It's great to get a hot meal handed to you, the food is lovely."

Relatives' comments:

- "All the staff are lovely."

Staff comments:

- "There are always plenty of activities going on; we try to accommodate everyone's preferences."
- "It's important to see service users leaving with a smile on their face."

Visiting professional:

- "Coming here is important for those service users I am involved with."

Ten service user questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was compassionate. Service users' comments included: "I feel this day centre is very good and has lots of helpers and activities; I love it."

### 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, listening to and valuing service users and taking account of the views of service users.

### Areas for improvement

No areas for improvement were identified in this domain 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 inspector assessed the setting's leadership, management and governance arrangements in place to assure they are meeting the needs of service users. The day centre was managed on a day to day basis by a registered manager, three day care workers, a director, two catering staff and volunteers.

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

The Statement of Purpose and the Service User's Guide for the day care service was reviewed and updated by the registered manager following suggestions made by the inspector. The amended documents were sent to RQIA post inspection and noted to be satisfactory. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

Staff confirmed they had access to a range of policies and procedures which they used to guide and inform their practice. These policies and procedures were centrally indexed and retained in a manner that was easily accessible to staff. A review of the day centre's Whistleblowing policy evidenced that it advised staff how to raise a concern and also provided contact details of RQIA, should the staff member not be satisfied that their concern had been satisfactorily addressed internally. The inspector advised that the policy would be updated to include additional external agencies that staff could also contact. The registered manager agreed to address this.

The registered manager advised that staff have not received any information or training in relation to the introduction of the General Data Protection Regulation (GDPR). The inspector advised the registered manager to review guidance available on the RQIA website and to liaise with the WHSCT regarding the day care centres' GDPR responsibilities. The registered manager agreed to action this.

The complaints records maintained by the day centre evidenced that there had been no complaints and 24 compliments received since the last inspection. The registered manager described the complaints process which would include obtaining details as to the nature of the complaint, who had been contacted in relation to the complaint, actions taken, outcomes and how any complaints should be reviewed for staff learning. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the registered manager was made aware of any complaints. The complaints policy was reviewed and evidenced that service users were informed of how to make a complaint regarding the service via the registered manager, the board of directors, WHSCT keyworker, the Northern Ireland Public Service Ombudsman, RQIA and a number of independent advocacy services. The inspector recommended including the contact details of the patient and client council, which the registered manager agreed to action.

The registered manager could describe the processes in place to develop and maintain effective working relationships with WHSCT representatives and other relevant services. A review of documentation and discussions with a visiting professional evidenced that the

registered manager and staff promote good working relationships with such bodies and refers to or consults with a range of appropriate professionals, when relevant.

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. Staff had recorded individual, formal supervision at least every three months and a recorded annual appraisal. The registered manager and staff both described positive working relationships and effective team work. The inspector observed staff sharing tasks and working together to respond to service users' assessed needs during the course of the inspection. Staff described the registered manager as supportive and how good working relationships were encouraged by the registered manager's open door approach.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager discussed the ways in which staff development and training enabled staff to engage with a diverse range of service users. The registered manager confirmed that no issues regarding equality had been raised by service users to date. It was positive to note that the day centre had an equal opportunities policy which was displayed in the day centre.

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

The inspector noted that the day centre collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement to develop individual support plans.

The inspector reviewed the arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The regulation 28 monthly quality monitoring visits reports were available to be examined since the last inspection. The visits were all unannounced visits and were undertaken by senior management who were knowledgeable about the day care setting. A sample of reports viewed for November 2018, December 2018 and January 2019 provided evidence that the visits included engagement with service users, staff and professionals; a review on the conduct of the day care setting; development of action points and review of previous action points. The inspector advised that a record of the service users and relatives consulted during such visits should be anonymised in the reports through use of a unique identifier code. The registered manager agreed to ensure this was addressed.

It was noted that the day care centre had not undertaken an annual report. An area for improvement was made in this regard.

Discussion with service users, their relatives, staff and a visiting professional evidenced that they felt the service was well led. The following is a sample of comments made:



**Service users' comments:**

- “The staff are all great, couldn't say a bad word.”

**Staff comments:**

- “I really enjoy working here.”
- “We have supervision every three months but could talk to the manager any time.”

Ten service user questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that the service was well led. Service users' comments included: “Very good care I enjoy the centre very much.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of complaints, staff supervision and appraisal, and maintaining good working relationships.

**Areas for improvement**

One area for improvement was identified in regards 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 Mary Watson, registered manager, the responsible individual and a director, 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.

## 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><b>Ref:</b> : Regulation 17 (1) and Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 April 2019</p>	<p>The registered person shall establish and maintain a system for— (a) monitoring the matters set out in Schedule 3 not less than annually; and (b) improving the quality of care provided in the day care setting.</p> <p>This relates to the requirement of the day centre to undertake an annual quality report for 2018 including all the matters listed in Schedule 3. A copy of which is to be forwarded to RQIA within the identified timescale.</p> <p>Ref: 6.7</p>
<p><b>Response by registered person detailing the actions taken:</b> Already completed and will be forwarded.</p>	

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.2</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 28 March 2019</p>	<p>The registered provider shall complete an assessment of the competence and capability of any staff member who may be required to take charge of the centre in the absence of the manager and should keep a copy of this available in the centre.</p> <p>As outlined in section 6.2, the registered manager is to ensure that a competency and capability assessment is to be undertaken with relevant staff who may be required to take charge of the centre in the absence of the manager.</p> <p>Ref: 6.2</p>
<p><b>Response by registered person detailing the actions taken:</b> Already in place for the person who will take charge in absence of the manager</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 3.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 April 2019</p>	<p>The registered person shall ensure individual written agreements should be reviewed and revised to ensure the content is in accordance with Standard 3.1.</p> <p>Ref: 6.2</p>
<p><b>Response by registered person detailing the actions taken:</b> All service user agreements have been updated</p>	

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 4.3</p> <p>Stated: Second time</p> <p>To be completed by: 25 April 2019</p>	<p>The registered person shall ensure needs assessments are reviewed, dated and signed.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Needs assessments have been completed as requested</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 28 March 2019</p>	<p>The registered person shall ensure that students and volunteers complete a structured orientation and induction.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been completed for the one student who is on placement from NWRC and the volunteers</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2019</p>	<p>The registered person shall ensure each service user has an individual comprehensive care plan which includes details as outlined in the standards.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been completed</p>

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



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