

Unannounced Care Inspection Report 20 December 2018



SENSE

Type of Service: Day Care Service

Address: Units 4,5,6, Meadowbank Road, Carrickfergus, BT38 8YF

Tel No: 02893355665

Inspector: Marie McCann

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

Sense is a Day Care Setting with a maximum of 18 places that provides care and day time activities for deafblind adults or for those who have a sensory impairment and an additional learning disability and/or mental health need and/or a physical disability.

3.0 Service details

Organisation/Registered Provider: SENSE Responsible Individual(s): Mrs Collette Gray	Registered Manager: Ms Kathryn Robinson – acting manager (application not required)
Person in charge at the time of inspection: Deputy Manager	Date manager registered: See above
Number of registered places: 18	

4.0 Inspection summary

An unannounced inspection took place on 20 December 2018 from 9.00 to 17.30.

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 and variation inspections 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, managing accidents/incidents, the internal environment, individualised risk assessments, communication with service users and communication between staff. Further areas of good practice were also noted in regards 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, monitoring the professional registration of staff, complaints management and staff meetings.

Areas requiring improvement were identified in regards to recruitment information, induction records, risk management and the organisation's adult safeguarding policy/procedure. Further areas for improvement were also noted in relation to inclusion of the specific levels of staff support required for service users within their support plan.

Service users were asked to describe what they felt about the service; they gave positive feedback about the service and what it meant to them, for example:

- "I love coming here."
- "Staff are very good."
- "We really enjoy doing art and making crafts."

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	1	4

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 17 May 2017

No further actions were required to be taken following the most recent inspection on 17 May 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 three incidents had been notified to RQIA since the last care inspection on 17 May 2017.
- Unannounced care inspection report from 17 May 2017.

During the inspection the inspector met with the deputy manager and three staff. The inspector greeted all the service users in a group setting and engaged with six service users in more detailed discussion to obtain their views about this day care setting.

The following records were examined during the inspection:

- Three service users' care records, including a sample of activity records.
- Elements of a recently recruited staff member's induction records.
- A sample of four staff members' supervision and appraisal information.
- A competency and capability assessment.
- The day centre's complaints/compliments record since the last inspection.
- Staff roster information for December 2018.
- Fire safety precautions.
- A sample of minutes of staff meetings from November 2017 to November 2018.
- The day centre's record of incidents and accidents since May 2018.
- A sample of monthly quality monitoring reports for September 2018, October 2018 and November 2018.
- Complaints Policy, January 2018.
- Adult Safeguarding Policy and Procedures, April 2018.

- Whistleblowing Policy, April 2017.
- Service User Guide, May 2016.
- The Statement of Purpose, December 2017.

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

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

The inspector requested that the deputy 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 deputy manager, service users and their relatives and staff for their support and co-operation throughout the inspection process.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 May 2017

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

6.2 Review of areas for improvement from the last care inspection dated 17 May 2017

There were no areas for improvement made as a result of the last care 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 inspector reviewed the 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 care centre.

Discussions with deputy manager and staff identified that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. Assurances were provided to the inspector by the deputy manager that at all times sufficiently qualified, competent and experienced persons are working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the day centre's statement of purpose. The deputy manager further confirmed that as required, the management team would support staff in the provision of care and support to service users. The deputy manager stated that emphasis is placed upon endeavouring to provide a consistent staff group who know the service users and have the relevant knowledge and skills to support them. Agency staff had been required to be used earlier in the year as a short term measure and during this time the same staff were requested.

A review of a sample of the staffing roster information evidenced that the planned staffing levels were adhered to. The inspector recommended that the duty rota should clearly record: the person in charge, the designation of staff and reflect if the manager is in the day centre or in another setting belonging to one of the organisation's services. An improved staff rota template was sent to RQIA following inspection and this was noted to be satisfactory. In addition to the staff roster information, a daily planner was maintained which outlined specific staff responsibilities and duties for the day.

The deputy manager advised that staff employment records were held within the organisation's human resources department; some of these records were accessible in an electronic format on the day of inspection in regards to a recently recruited staff member. A review of this records confirmed that not all information had been obtained in compliance with Regulation 21 and Schedule 2. This related specifically to the requirement to have two written references prior to the individual commencing employment. An area for improvement has been identified in this regard.

A competency and capability assessment had been completed for the person who was in charge of the day centre in the absence of the manager. The inspector advised that the competency and capability assessment should be reviewed and development plan updated accordingly. The deputy manager provided assurances that this would be undertaken. This will be reviewed at a future inspection.

Discussion with the deputy manager and a newly recruited staff member confirmed that an induction programme specific to the day centre was undertaken, which included a review of the setting's policies and procedures with attention given to adult safeguarding, review of service users' care plans and risk assessments and extensive shadowing opportunities with service

users. The staff member confirmed that this enabled them to grow in confidence and knowledge so that they could safely and effectively care for and support service users in the setting and provide an opportunity for service users to become familiar with them. The staff member stated "Staff are all very knowledgeable and were supportive to me as I got to know everyone." However, on the day of inspection a record of this induction programme was not available. An area for improvement was made in this regard.

The inspector viewed the setting's system to ensure that all staff receive appropriate training to fulfil the duties of their role. The setting has recently developed a matrix that enables the management and senior manager to monitor and review compliance levels in relation to training completed. The inspector reviewed the setting's training matrix, which confirmed that the majority of mandatory training had been completed; however, some omissions were for a small number of staff. The deputy manager reported that this was due to the master training matrix not having been updated rather than the training updates having not been completed. The deputy manager provided assurances post inspection that training was up to date with the exception of three staff that required face to face adult safeguarding training updates. With respect to the three identified staff, the deputy manager confirmed that they had received online training and had completed a competency assessment while new training dates were being sought for the face to face training.

Discussion with staff confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. Staff confirmed training was ongoing and they had training opportunities over and above mandatory requirements. Examples of additional training provided included: 'The World Through Our Hands' which is training to support touch communication for those with sensory needs, malnutrition and assistance with eating, positive behaviour support, dignity and respect training. In addition, compliance with mandatory training for agency staff was monitored in conjunction with the respective agency and agency staff could access relevant service user specific training while working in the day care setting.

On the day of the inspection, discussion with staff and observations of the staff supporting service users did not highlight any areas for improvement regarding their practice.

The deputy manager advised that there had been one adult safeguarding investigation since the last inspection. Discussion with staff established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records. However, it was identified that an incident relating to an adult safeguarding referral had not been reported to RQIA as per the statutory notification guidelines. An area for improvement was made in this regard.

A review of the day care setting's adult safeguarding policy and procedures found that it reflected information contained within the DHSSPS regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 guidance and an Adult Safeguarding Champion (ASC) was identified. However, it was highlighted that it also refers to previous guidance and definitions of "vulnerable adults" which are not reflective of terminology contained within the new regional policy. Also, the document does not reflect the associated regional operational procedures which were implemented in September 2016, which needs to be referenced and read in conjunction with an adult safeguarding policy. Therefore an area for improvement was made in this regard.

The day care setting's governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting system was in place.

Staff are required to record any incidents and accidents in a written report and an electronic record is also maintained which is then reviewed and audited by the organisation's quality team. All incidents and accidents are also audited on a monthly basis by management. The review of a sample of the records since May 2018 evidenced that those incidents had been managed appropriately and effectively documented, with safety issues, risks and actions taken to minimise risk of reoccurrence being identified.

Discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety, while in the day centre and during outings. In addition, discussions with staff and the deputy manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The deputy manager identified how staff help to redirect and support a service user if their behaviour indicated that they were at risk of self-harm. Records were maintained which identified the occurrence of any behaviours which placed the service user or others at risk of harm. A review of a sample of these behaviour report forms evidenced the strategies used by staff to support service users, such as distraction techniques, changing staff or the immediate environment. The inspection confirmed that staff responses to behaviour remain focused on de-escalation of behaviour or risk and on protecting service users' personal safety. A staff member commented: "It is so important for the staff that service users are safe but we encourage independence and support everyone to have fun and fulfilment while in the centre."

Observations of the environment concluded that it was clean and tidy. Discussion with the deputy manager and review of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. No health and safety hazards were identified and fire exits were clear and free from obstruction.

Records examined identified that a number of weekly and monthly safety fire precaution checks were undertaken. The deputy manager advised that the last full evacuation drill was undertaken on 8 September 2018; however, a record of the evacuation was not available to review on the day of inspection. The inspector highlighted the importance of ensuring a record is maintained of fire evacuation drills and includes: names of service users present, duration of fire evacuation, outcomes, action required (if applicable) with timescales, who is responsible and when achieved. A fire risk assessment was completed on 9 September 2017 with date for review noted to be 9 September 2018. The deputy manager informed the inspector that feedback from the organisation's estates team advised that the fire risk assessment is required to be reviewed every five years with the manager carrying out a review annually if there have been any changes. The issues identified in relation to the day care setting's fire evacuation drill and fire risk assessment has been discussed with the estates inspector for further action to be taken as required.

Five service users and/or relatives returned questionnaires to RQIA. Of the five responses received, four responses indicated that they were very satisfied and one response indicated that they were satisfied that the care provided to service users was safe. One service user commented: "Staff look after me."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, risk management and the internal environment.

Areas for improvement

Areas for improvement have been identified in relation to recruitment information, induction records, statutory notification of incidents and the organisation’s adult safeguarding policy and procedure.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

The inspector reviewed the day care setting’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 was outlined in the Statement of Purpose.

Three service users’ individual files were inspected. Files were noted to be well organised and indexed. They contained referral information, numerous assessments with regards to activities of daily living and self-care, continence assessments, eating and drinking assessments, communication assessments, mobility and orientation assessments and transport assessments as applicable. An overall risk assessment was also evident which collated relevant information from all the assessments available; this also reviewed the service users’ routines at the day centre. Discussions with staff demonstrated awareness of the need to review risk assessments to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals, when agreed and as required.

In addition, support plans were noted to be comprehensive, person centred and holistic and included service users’ personal objectives and outcomes. It was noted within one service user record that the levels of staffing support required for the service user was not clearly evidenced in their support plan despite it being assessed and evidenced in other records. An area for improvement was made in this regard.

A record was maintained which detailed the service user’s level of participation in the support planning process; it also reflected consent to access records and offered service users a copy of their support plan in a format that they could understand. This document was noted to be signed as appropriate by the service user, which evidenced consultation with the service user and reflected their agreement.

It was positive to note the use of a one page profile for each service user which included relevant important information regarding the service users’ individual health and care needs, and how best to communicate with the service user. It also reflected information about what makes the service user happy, and what people like and admire about the service user.

Systems were noted to be in place to review the service users' placements within the day care setting and ensure it was appropriate to meet their health and social care needs. The records evidenced that collaborative working arrangements were in place with service users, their relatives and other key stakeholders. The day care staff provided a comprehensive review report to the service user's Health and Social Care Trust (HSCT) representative as part of the formal annual review process. In addition, the day care staff also complete a monthly summary report for each service user, which reviews: the progress and achievements made during activity sessions; any changes to the service user's health and care needs; review of any incidents; issues raised by service users and seeks comments from service users and staff as applicable.

The deputy manager and inspector discussed the use of any practices which could be deemed as restrictive within the day care setting. The deputy manager described the importance placed on regularly reviewing any restrictive practices to ensure that they are proportionate, necessary and in the best interests of service users at all times. It was agreed that this review should be conducted in collaboration with the service user and/or next of kin as appropriate, along with the multi-disciplinary team. In the sample of records reviewed there was evidence that the agency completed a restrictive practice form which was also shared with the organisation's quality team. The inspector discussed the importance of indicating within this document if service users have been assessed as requiring specific levels of staff support during their time in the day centre, as this could also be a practice which may be deemed restrictive. In addition, the inspector advised that the monthly summary report and annual review document is updated to reference any relevant human rights or deprivation of liberty considerations that need to be taken into account, which will also ensure they remain under regular review. The deputy manager agreed to action this. Observation of a service user who had a 'one to one' staff member showed staff supporting the service user to move around and ensure the service user was supported to engage in meaningful activities, the support focused on assisting the service user to do this safely. The one to one staffing arrangement in this example presented as person centred and focused on enabling the service user to have some independence in the setting and interventions were noted to be consistent with the individual behaviour support plan.

Records were observed to be stored safely and securely in line with data protection requirements.

Discussions with the deputy manager and staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users. Staff spoke positively about the effectiveness of communication and how good working relationships between the team ensured that staff were aware of their roles and responsibilities for the day and which facilitated them obtaining any necessary updates regarding service users' needs. Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs and their care plans. Staff confirmed that they use service users' care records to guide their practice and therefore recognised the importance of ensuring that such records remained current and relevant. A staff member commented: "We know service users well and they know us, it helps us to monitor any changes in a person's mood or if they aren't well."

Five service users and/or relatives returned questionnaires to RQIA. Of the five responses received, four responses indicated that they were very satisfied and one response indicated that they were satisfied that the care provided to service users was effective. One service user commented: "I'm happy and well looked after."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to individualised risk assessments, communication with service users and communication between staff.

Areas for improvement

An area for improvement was identified in regards to inclusion of the specific levels of staff support required for service users within their support plan.

	Regulations	Standards
Total number of areas for improvement	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.

Observation of staff intervention with service users demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence and safety.

Discussion with staff found that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice. Staff acknowledged the need to ensure consent is obtained and that confidentiality is upheld. They discussed how they adapt their approach to ensure consent is obtained with service users who have limited verbal communication. Staff were observed to be attentive to service users and were able to understand and respond appropriately to those service users who possessed minimal verbal communication through recognition of non-verbal cues and gestures. Staff reflected on how the organisation’s values are instilled in staff through the SENSE I statements:

- I will listen to others.
- I will understand and respond.
- I will respect others.
- I will be open and honest.
- I will participate and contribute.
- I will take informed risks.
- I will find things to celebrate.
- No decisions about me, without me.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. The atmosphere within the centre was positive and staff were observed promoting open and supportive communication opportunities to ensure service users participated in the activities available in the day centre. Service users were observed freely approaching staff to ask for assistance or for a chat and staff were observed using a variety of communication techniques in accordance with the service users’ communication needs. Interactions between service users and staff were relaxed and spontaneous. Service users who did not engage with the inspector or verbalise their feelings in

respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Depending on the needs and wishes of service users, activities were provided within a group setting or individually with the support of staff. Staff discussed the importance they placed on ensuring service users enjoyed the activities and that they had fun. Service users described how they had proposed the idea of selling some of the arts and craft items which they make to help fund future outings and additional resources. Service users spoken with demonstrated pride regarding these craft items and the contribution the group made to the day centre while enjoying the craft work.

Staff were also aware of the need to monitor the interaction of the service users in group activities, or changes in the behaviour of individual service users and using subtle interventions to stop potentially distressed behaviour from escalating. The inspector noted a focus on the meaningful review of service users' participation and experience when engaging in each activity. There was evidence that a record was maintained of each activity which detailed the level of service user engagement and their feedback about the activity. For service users with no or limited verbal communication, staff recorded feedback regarding various activities based on the service users' non-verbal communications. This enabled activity programmes to be adapted in a timely manner to ensure that specific activities were enjoyed by the services users who participated in them and also ensure that the activities were beneficial to them. Staff also described how they helped redirect and support a service user if their behaviour indicated that they did not want to engage in a planned activity.

In addition to activities available within the day centre, service users were enabled and supported to engage and participate in meaningful activities and social events outside the day centre. For example, service users visited the local gym, college and coffee shops, went horse riding, walking, and swimming. The service users and staff recently enjoyed a swimming gala in a local leisure centre following the idea being proposed by one of the service users.

Discussion with staff regarding the activities they were delivering confirmed that they were person centred and tailored to meet the needs of individual service users, as well as promoting their strengths and support goals while reflecting their specific interests, as appropriate. The activity schedule for service users was being communicated to each service user in a way that was assessed as being the most effective.

The deputy manager advised that service users' meetings were not currently occurring at the request of service users who stated that they did not feel the meetings were an effective use of their time at the day centre and also reduced their time for engaging in activities. The inspector advised that this arrangement is reviewed on a regular basis with the service users should they change their mind. The deputy manager agreed to action this.

The deputy manager and team leader advised that service users are supported to review their support plans and monthly reports in alternative formats if they so wish. It was positive to note that a number of service users access their reports using alternative formats such as speech synthesiser programmes.

The deputy manager also confirmed that on commencement of placement, service users are provided with the service user guide in the person's preferred format. The setting's Statement of Purpose can also be provided in alternative formats.

Five service users and/or relatives returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided to service users was compassionate. One service user commented: "I feel happy at SENSE."

Areas of good practice

There were examples of good practice identified 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
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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The day centre is managed on a day to day basis by the manager, who also manages another service, a deputy manager, a team leader, an administrator and a team of support workers. There was a clear organisational structure and staff demonstrated awareness of their role, responsibility and accountability. The registration certificate was up to date and displayed appropriately.

Staff gave positive feedback in respect of leadership and good team working, "I love the job", "there is great team work." "I could talk to management about anything." This appears to be achieved through effective communication and the open door approach provided by the management team.

The Statement of Purpose for the day care service was reviewed by the provider in December 2017. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose. The inspector requested the deputy manager to update the Statement of Purpose to include reference to the patient client council (PCC) and any other relevant advocacy groups. The deputy manager agreed to action and forward the amended copy to RQIA.

The inspector was provided with assurances that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body and monitoring is maintained to ensure ongoing compliance. This is monitored by the deputy manager and the organisation's head office. The deputy manager confirmed that all staff are currently registered with the Northern Ireland Social Care Council and staff are aware that they are not permitted to work if their registration lapses.

A review of the complaints records maintained in the day centre evidenced that there had been one complaint received since the previous care inspection. Discussions with deputy manager and staff demonstrated an understanding of the actions required in the event of a complaint being received. The inspector advised that the organisation's complaints policy should be revised to include the details of the Patient Client Council.

It was confirmed in discussions with the deputy manager and staff that the setting has a comprehensive range of policies and procedures which could be accessed by staff in either hard copy or electronic format.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the responsible person, and evidenced that they had a good understanding of the setting; these reports confirmed that a mixture of announced and unannounced monitoring visits to the day centre had been conducted. A sample of reports viewed provided evidence the visits included engagement with service users and staff, a review on the conduct of the day care setting, staffing issues, the environment and review of previous action plan content. The inspector advised that a record of the service users and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, thereby ensuring that information recorded is traceable. In addition, consultation should be made with service users HSC professionals. The deputy manager agreed that these recommended improvements would be implemented.

A review of the setting's last annual report confirmed review of all matters as required under Regulation 17 (I) and Schedule 3. As result of discussions with the deputy manager and the responsible person, regarding practices which may be deemed restrictive, it was agreed that the next annual report will reference specific levels of staffing support which may be required for some service users within the day centre which could be deemed as a practice which is restrictive.

The inspector reviewed the systems in place to monitor staff performance and ensure that staff received regular supervision and an annual appraisal. A review of a sample of records evidenced that prior to March 2018; there were gaps in staff supervision records. The deputy manager advised that this was due to staffing issues at the time; however, a more robust system has since been developed to ensure that staff receive regular supervision. It was found that governance records dated after March 2018 confirmed that supervision has been occurring more regularly. The will be reviewed at a future inspection to ensure compliance in this area remains ongoing. Evidence of an annual appraisal was available in the four staff records examined.

The deputy manager advised that the frequency of staff meetings has also improved and they are now typically being held bi-monthly. Staff spoken with during the inspection confirmed the availability of supervision/appraisal processes and staff meetings which they described in positive terms and found beneficial. In addition, staff identified that there was an open door

policy for discussions with the management team and they felt they could raise issues as necessary and would receive an appropriate response.

The inspector was advised that staff had received information with regards to the General Data Protection Regulations (GDPR) to provide them with information and awareness of recent legislative changes and how they relate to their role.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The deputy manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the deputy manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The deputy manager confirmed that this data is used for the purpose of developing person centred care and support plans and risk assessments.

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

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Five service users and/or relatives returned questionnaires to RQIA. Of the five responses received, four responses indicated that they were very satisfied and one response indicated that they were satisfied that the service was well led. One service user commented: "SENSE is great!"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff, complaints management and staff meetings.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 the deputy 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 Sense. 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>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b) and Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure a person should not be employed in the day centre unless they have the information and documents specified in Schedule 2.</p> <p>This relates specifically to ensuring that two references, one from the applicants current or most recent employer is received prior to commencement of work.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Processes have been changed across the organisation to ensure this ceased with immediate effect. A full review of all existing staff was also undertaken to ensure all staff in post had references in line with RQIA requirements. I can confirm this to be the case</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 21.1 and 21.8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall that ensure that a record is maintained of a structured orientation and induction, having regard to NISCC induction standards for staff who are newly appointed, agency staff and students.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: We have reviewed our processes to ensure the induction checklist is readily available and accessible in all services</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure all safeguarding concerns are reported to RQIA as per the statutory notification requirements.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: We have introduced a monitoring system to ensure all concerns are reported in line with regulatory requirements</p>

<p>Area for improvement 3</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2019</p>	<p>The registered person shall ensure that the day care settings adult safeguarding policy and procedure is updated to reflect the terminology of the new Prevention to Protection Adult Safeguarding Policy, July 2015 and reference the regional operational procedures September 2016. Once updated the amended policy and procedures are to be shared with staff.</p> <p>Ref: 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.4</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2019</p>	<p>Response by registered person detailing the actions taken: This update was carried out and the information shared with staff. Changes were highlighted within the document for ease of reference and understanding for the staff team.</p> <p>The registered person shall ensure that when a service user needs a consistent approach or response from staff, this is detailed in his or her care/support plan. Where appropriate, the service user's representative is informed of the approach or response to be used.</p> <p>This relates to ensuring that for those service users who require specific levels of staff support that it is clearly referenced in their support plan and remains under regular review.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This has been actioned and we will include a review of support levels within each annual care review to ensure that there is clear and documented agreement about support levels and the reason for them.</p>

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



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