

Unannounced Inspection Report

31 May 2016



SENSE

Type of Service: Day Care

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

Tel No: 028 9335 5665

Inspector: Louise McCabe

1.0 Summary

An unannounced inspection of SENSE took place on 31 May 2016 from 10.00 to 17.15 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the day care centre was found to be delivering safe care. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Discussions with the manager and staff provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were well maintained. No areas for quality improvement relating to safe care were identified during this inspection.

Is care effective?

On the day of the inspection it was assessed that the care in Sense was effective. Observations of staff interactions with service users and discussions with a total of ten service users evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. One area for quality improvement relating to this domain was identified during this inspection.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with service users provided evidence they were listened to, valued and communicated with in an appropriate manner. Since the centre's previous care inspection, qualitative examples were given by management and the staff team where service users had participated in various innovative projects and activities all of which resulted in positive outcomes for them. No areas for quality improvement were identified.

Is the service well led?

On the day of this inspection there was evidence of effective leadership, management and robust governance arrangements in the day care setting and a culture focused on the needs of service users. One area for quality improvement was identified during this inspection.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Kathryn Robinson, Acting Manager and 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered person: SENSE/Mrs Collette Gray	Registered manager: Ms Kathryn Robinson
Person in charge of the day care setting at the time of inspection: Ms Kathryn Robinson	Date manager registered: 7 Decemebr 2009
Number of service users accommodated on day of Inspection: 11	Number of registered places: 18

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous care inspection report
- Previous returned quality improvement plan
- Information from correspondence received from the acting manager
- Statement of Purpose
- Service User's Guide
- Record of notifiable events for 2015/2016

Specific methods/processes used in this inspection include the following:

- Discussion with the acting manager
- Discussion with ten service users
- Discussion with four care staff
- Telephone discussions with two relatives
- Examination of records
- File audits
- Evaluation and feedback

The acting manager was provided with 15 questionnaires to distribute to randomly selected service users not attending the centre on the day of inspection; five staff members and five carers for their completion. The questionnaires asked for service user, staff and carer's views regarding the service, and requested their return to RQIA. A total of seven questionnaires were completed and returned to RQIA (from three service users; two staff and two relatives). The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (none recorded since the previous care inspection)
- Accident/untoward incident record (four were randomly sampled since the previous care inspection)
- Recruitment and selection records (including three staff files)
- Elements of three service users care files
- Review of Recruitment procedures
- Review of 11 random sample of policies and procedures
- Staff training information
- Three monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 28 August 2015

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and processed by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection

Dated 28 August 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5 Stated: First time	The manager should ensure service user's care plans: (a) Are signed by the staff member completing it, the service user or where appropriate their representative and the manager. (b) When care plans are reviewed and amendments are made, they must be re-signed by all relevant individuals. (c) Where individual's have continence support needs, the name, size and type of pad should be specified.	Met
	Action taken as confirmed during the inspection: Three service users care plans were randomly reviewed during this inspection. These contained (where relevant) the above information.	
Recommendation 2 Ref: Standard 8 Stated: First time	The manager should liaise with the named worker of the identified service user so arrangements can be made for him/her to have an independent advocate to represent his/her wishes and preferences regarding their day care placement.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and the identified service user confirmed his/her wishes regarding their day care placement were listened to and appropriate action was taken.	

<p>Recommendation 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The manager should ensure service user meetings take place on a regular basis. Minutes should be made and reflect:</p> <ul style="list-style-type: none"> • who attended • an agenda • a summary of discussions • the action to be taken • the subsequent minutes should state the outcomes of the action taken from the previous meeting. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The minutes of three service user meetings were randomly sampled during this inspection. Evidence was obtained to verify the above information was recorded.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p>	<p>The manager should ensure service user's annual review reports reflect service user's views and opinion of the day service and all other relevant information specified in standard 15.5. Consideration should be given to devising a new annual review report template.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A new recording template was devised and used from 9 September 2015. Three service user's annual review reports were randomly sampled during this inspection. These provided evidence of compliance with Minimum Standard 15.5.</p>		

<p>Recommendation 5</p> <p>Ref: Standard 18</p> <p>Stated: Second time for (a) and (b) First time for (c) – (e) inclusive</p>	<p>The registered person and manager should ensure:</p> <ul style="list-style-type: none"> (a) Sense’s Accident and Incidents Procedure and Guidance is reviewed to include the need to report to RQIA under Regulation 29 of the respective legislation; (b) Sense’s Health and Safety Policy and Arrangements are reviewed to include reference to the Northern Ireland legislation e.g. Health and Safety at Work (Northern Ireland) Order 1978 and amended order 1988. (c) Review and update the day centre’s Contenance Management policy so it promotes independence, incorporates care planning, is linked to staff use of personal protective equipment (PPE), infection prevention and control and reflects the quality of information that should be in a service user’s care plan regarding the name, type and size of continence product and where this is stored. Staff and service users; where appropriate should be involved in this. (d) Assessment, Care Planning and Review Procedures to reflect minimum standard 5. (e) Review and update the day centre’s Planning and Reviewing Programmes and Activities procedure so it incorporates minimum standard 15.5. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The above five policies and procedures were reviewed during this inspection and were complaint with the Day Care Setting Regulations and DHSSPS Minimum Standards for Day Care Settings.</p>		

4.3 Is care safe?

With regards to the safety of service users, policies and procedures were in place in Sense and confirmation was obtained from the acting manager and discussions with care staff that these are accessible in the day care setting. The organisation’s Recruitment, Supervision, Safeguarding Vulnerable Adults and Whistleblowing policies and procedures were reviewed during this inspection. For details of this, refer to section 4.6 of this report.

The acting manager was asked if there had been any safeguarding vulnerable adult incidents regarding service users in the day care setting since the previous care inspection and she replied there had been none. On the day of the inspection no restrictive practices were observed.

Three staff files were sampled, all identified recruitment/pre-employment information and documents were retained as required. Induction records were qualitative, comprehensive and reflected the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care are used.

A review of staffing levels during the inspection showed there were sufficient numbers and availability of staff to deliver care in the day care setting. There are 13 staff employed in the day care setting which include a manager, deputy manager, two activity coordinators and eight care workers. In addition to this there are a number of residential care staff who are employed by Sense to work in a nearby residential home with deaf blind service users. An identified number of the deaf blind service users attend the Sense day care setting and are supported by residential care staff.

The acting manager confirmed residential staff are aware they are working under the centre's procedures and are informally supervised by management in the day care setting. The acting manager was aware of the need for residential staff to be formally supervised in the centre regarding their work and support of service users in accordance with Minimum Standard 22. Work is in progress concerning this and a template to record supervision is being devised.

A discussion took place with the acting manager as Sense's Staff Supervision and Training policies and procedure need to be reviewed to reflect the arrangements in place concerning the formal supervision of residential care workers and their training and development needs in the day care setting. The manager should ensure appropriate arrangements are in place for the registered manager of the residential setting to be made aware if there are any relevant training, development or support needs or concerns regarding the supervisee when they are working in the centre. This information may be relevant to the individual's annual appraisal process (this is known as 'My Performance Plan' by Sense). The centre's procedures should explain and detail the rationale and process of the above. These procedures should be included or appended to the organisation's Staff Supervision and Appraisal policy. These were identified areas for improvement.

The acting manager confirmed residential care staff working in the day care setting are kept informed via discussions, records of staff meetings etc. of relevant events and communications regarding the centre.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities.

Review of three service user's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. Service users annual review reports were compliant with Minimum Standard 15.5.

Review of a random sample of four accidents and untoward incidents confirmed that these were appropriately managed. RQIA had been notified of identified accidents and incidents in accordance with Regulation 29.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Infection prevention and control measures were adhered to and equipment was appropriately stored.

Inspection of the internal and external environment identified that the day care setting and grounds were kept tidy, safe, suitable for and accessible to service users, staff and visitors. There were no obvious hazards to the health and safety of service users, visitors or staff.

The acting manager informed RQIA there are future plans to renovate the current disabled bathroom in the centre. The toilet will be moved to the middle of the wall (with rails to support service users) and the sink will be moved. The acting manager agreed to forward RQIA a completed variation application form regarding this.

Areas for improvement

One area for improvement was identified during the inspection. This regards the formal supervision, training and development needs of residential staff working with service users in the day care setting.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the acting manager and four staff established the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with ten service users also concluded their needs are being met in the day service.

Review of elements of three service user care files reflected there are comprehensive assessments, risk assessments and care plans in place. These met the DHSSPS Minimum Day Care Settings Standards 4 and 5. There was evidence that risk and other assessments informed the care planning process.

Review of a sample of service users progress care records evidenced these were updated regularly, they were qualitative, objective and compliant with the Day Care Settings Minimum Standards 7.4 and 7.5. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process.

Care records accurately reflected the assessed needs of service users, and where appropriate, adhered to recommendations prescribed by other healthcare professionals e.g. dieticians or the organisation's behaviour support team.

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

The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment and care records and evidenced that actions identified for improvement had been completed. Further evidence of audits were contained within three of the monthly monitoring reports reviewed during this inspection, these were qualitative and comprehensive.

The day care setting's annual quality report was made available during this inspection. This complies with Regulation 17(1), Schedule 3.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, monthly service users meetings and regular staff meetings. Discussion with the acting manager confirmed that management operated an open door policy in regard to communication within the day care setting.

Discussion with the acting manager confirmed that staff meetings were held on a monthly basis and a random sample of the minutes of three staff meetings (November 2015; January and March 2016) verified this. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the deputy manager or the acting manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

Areas for improvement

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

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Discussions with service users confirmed they were treated with compassion, kindness and respect. Service users said management and staff listen to them, offer them choices and involve them in decision making during their time in the centre.

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect. The lunchtime service for five service users was observed, staff explained service users either bring in their own lunch or are supported and assisted to make or cook this in the kitchen. Staff were observed to provide support and assistance in a timely manner where this was needed. Service users were encouraged to be as independent as possible. The atmosphere was calm and unhurried.

Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Relationships between all staff and service users were observed to be relaxed and friendly.

Evidence was provided of several innovative projects with service users which included:

- Journey sticks
- Nail art
- Life story work
- Wheelchair ice skating.

Journey Sticks

Over the past year an identified number of service users participated in several walking groups with care staff from the centre. Some of the deaf blind service users are able to communicate while others have no formal communication. During group discussions, the idea of journey sticks was suggested so service users would have a physical object to share with their family, other staff and at the annual review of their day care placement. Where individuals had literacy skills they were also encouraged to add a Braille label with the date and information about where they had been. Service users could then use the journey sticks as an aid to talk to others about where they had been and their experiences and for those with no formal communication they could be used by staff to recall the experience with them. Due to the success of this physical activity, service users in the walking groups requested that they repeat this experience regularly throughout the year as they found it really beneficial. Evidence of the journey sticks were displayed around the centre. During this inspection several service users informed RQIA about the journey sticks they had made and how much they enjoyed the process.

Donkey Sanctuary

Service users with complex needs and who are assessed to be tactile defensive have been involved in an innovative project with a local Donkey Sanctuary over the previous two years. Service users are supported by staff to groom the donkeys and carry out small tasks with them each week. Samples of records reviewed over an identified period of time showed a service user had responded really well to the donkey and staff feedback is that he/she is very relaxed during this time and also become very familiar with the routine. The service user has progressed to holding out his/her hands to pat the donkey and permits it to nuzzle him/her with its nose. Photographs were made available to evidence this activity and showed the service user enjoying the activity.

Wheelchair Ice Skating

This innovative programme was developed for two individuals with complex needs and who are wheelchair users to provide them with a sensory experience in a new environment. The idea originated from observations by care staff that both service users liked to feel the wind in their faces and they enjoyed listening to music. Discussions then took place with the instructor for the ice rink who said it was possible for wheelchair users to use the facility. Care staff subsequently worked with staff in the ice skating rink to devise a programme specifically for wheelchair service users. Care records stated service users look forward to and have benefitted from this activity and photographs evidenced the activity having positive outcomes for service users.

Nail Art

The idea for this project came from a care staff who was trying to think of an interesting activity with a service user who had limited use of one of his/her hands. This activity was risk assessed and involves the deaf blind service user choosing a design or picture which is traced onto a piece of wood. The success of this project with one identified service user has led to a group of service users now being involved. Numerous nail art pieces have been sold during the centre's Christmas craft sale and the money is used for service user activities or items that are needed in the centre for their use. Discussions with two service users during this inspection evidenced this has been a productive activity re. exercise for their hand; their concentration and feeling of self worth and confidence have increased. The individuals are also delighted people are buying their works of art resulting in fundraising for their centre.

Life story work

Three care staff have been trained in the area of life story work and reminiscence as the direct result of service user asking for staff to help them research their family trees and areas of historical interest. Staff have supported several users to research their family trees and in one instance the service user was able to trace his/her family as far back as early 1800's and able to obtain copies of birth certificates, marriage certificates and photographs. These were used to make a display in the centre. This individual then invited his/her family to come to the centre so the information could be shared with them. Staff planned a tea party with him/her and he/she was able to celebrate his/her work with their family. Another service user whose personal circumstances had changed was encouraged and supported by centre staff to make a booklet of what was important to him/her and their preferences regarding staff support. This information was then used to help in the transition phase. Discussions with the identified service user confirmed this and he/she said they enjoyed the process and explained how it benefitted them. Seven service users have chosen to be involved in reminiscence and life story work over the last year.

Discussions with service users, photographs of them participating in specific activities, and care records along with observations of the nail art; journey sticks; life story work and observations of practice during this inspection provided evidence that service users were encouraged, enabled and supported to engage and participate in these meaningful activities. Positive comments were shared with care staff and management regarding the beneficial outcomes of these service user led projects.

The acting manager confirmed that service users were listened to, valued and communicated with in an appropriate manner. Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff, deputy and acting manager.

There were systems in place to ensure that the views and opinions of service users, and/or their carers/representatives, were sought and taken into account in all matters affecting them.

Service users are also consulted in an informal daily basis via discussions and chats with staff, deputy manager and acting manager. They are also consulted on a formal basis via monthly service users' meetings; the annual review of their day care placement and an annual survey about the standard and quality of care and day service. RQIA was informed the most recent service users annual quality assurance survey was distributed by management approximately four weeks ago. Service users confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the day care setting.

RQIA had discussions with a total of ten service users. Everyone interviewed confirmed that the manager and care staff were approachable if they have any concerns. Examples of some of the comments made by service users are listed below:

- "I love it here. I'm just back from holiday. I like my work. Staff are good and kind to me."
- "I'm treated very well here. The staff are all good to me, they are kind. I'm treated with respect and I've lots of choices of what I do here. I've no complaints."
- "I like it here. I like my work on the internet and the racing cars. I like music here too."
- "I love this place, I'm happy here. I make choices all the time, more here than I could have when I was at school. I'm treated like an adult here. My favourite things to do are the pampering and life skills sessions."

- “I love it here, there is always lots to do. I enjoy my work especially the nail art. There are always enough staff to support us when we need it. I’ve no problems but I don’t like being in a large group.”

Fifteen RQIA questionnaires were issued to service users, relatives and staff. Seven were returned within the required timeframe. All responds were positive and no concerns were raised. The following qualitative comment was recorded by a relative in one of the returned questionnaires:

- “I feel somewhere with natural light would be more suitable, also a garden with outdoor equipment.”

Positive comments were made regarding the quality of information on display on walls and in rooms in the centre. These included colourful displays of photographs, art and crafts including wall murals; seasonal pictures and the centre’s information and activity board which was completed using braille, Makaton signs and symbols and user friendly pictures depicting activities.

Areas for improvement

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

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

In addition to RQIA’s review of five policies and procedures as a result of Sense’s previous care inspection; RQIA reviewed the following six policies and procedures during this inspection:

- Complaints
- Risk Management
- Recruitment
- Safeguarding Vulnerable Adults
- Staff Training and Development (entitled Meeting Learning and Development Needs)
- Whistleblowing

The following policies need to be amended and ratified by the registered person:

- Complaints – the Sense policy does not state that if the complainant is not satisfied with the outcome of the Sense investigation into their concerns they should contact the respective HSC Trust before they contact the Ombudsperson. However the centre’s procedure, Statement of Purpose and Service Users Guide do accurately reflect the complaints procedure.
- Human Resources – Meeting Learning and Development Needs (i.e. Supervision and Appraisal policy) needs to include procedures of how the day care setting formally supervises residential care staff who work in the centre supporting service users. Refer to section 4.3 for details of this.

- Recruitment – this policy was not dated and does not specify the governing Northern Ireland legislation; Regulation 21 of The Day Care Setting Regulations (Northern Ireland) 2007 and the relevant DHSSPS Day Care Settings Minimum Standards (January 2012).
- Safeguarding Vulnerable Adults – the policy and procedures did make reference to governing Northern Ireland legislation and protocols but did make reference to the July 2015 DHSSPS Northern Ireland document. Since this inspection, the organisation's Safeguarding Vulnerable Adults Policy was reviewed by the organisation and now reflects this information.
- Whistleblowing – the policy does not reflect the governing legislation i.e. The Public Interest Disclosure (Northern Ireland) Order 1998.

Discussion with the acting manager and care staff identified they have understanding of their role and responsibilities under the legislation and Minimum Standards. The acting manager confirmed that the registered person was kept informed regarding the day to day running of the centre.

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the centre. An organisational chart was displayed. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns. Discussion with service users concluded they were aware of the roles of the staff in the centre and whom they should speak to if they had a concern. Completed RQIA questionnaires also verified this.

RQIA's registration certificate of the day care setting and their certificate of public liability insurance were current and displayed in a prominent place.

Discussion with the acting manager and observation evidenced that the centre was operating within its registration.

Policies and procedures were indexed, dated and ratified by the registered person. The health and social care needs of service users were met in accordance with the Day Centre's Statement of Purpose.

During the inspection staff training records were reviewed and showed staff had received all mandatory and other relevant training to their roles and responsibilities. Sense provides online training regarding some areas. The staff training record for these areas did not fully comply with Minimum Standard 21.8 as there was no evidence of the names and signatures of staff, when the training took place or the content of the training programme. RQIA had discussions with four staff members concerning training. This concluded that there were aspects of identified online training that staff felt were not appropriate to day care or were confusing in their message; examples were shared with RQIA regarding this. There was no evidence that online training is evaluated as part of quality improvement. This was discussed with the acting manager and the above mentioned are areas for improvement.

The day care setting's complaints record was reviewed during this inspection. This showed there had been no complaints recorded since the centre's previous care inspection on 25 August 2015. Previous complaint records reflected the areas of concern; contact made with the complainant; a summary and result of the investigation which included a timeline of the action taken.

Arrangements were in place to share information about complaints and compliments with staff. Completed RQIA questionnaires also verified service users and their relatives are aware of the organisation's complaints process.

A regular audit of accidents and incidents was undertaken and this was available for inspection and is used to identify trends and to enhance service provision. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. The acting manager and deputy manager were very aware regarding the process and cycle of continuous improvement.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

An annual quality assurance survey had been distributed to service users and their representatives and stakeholders approximately four weeks ago. The acting manager is in the process of collating the completed questionnaires and will ensure a summary/evaluation report is completed which will be shared with all relevant parties.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; these reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. Three monthly monitoring reports of February – April 2016 inclusive were randomly sampled during this inspection. These were compliant with Regulation 28 and Minimum Standard 17.10.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Based on the findings of this care inspection RQIA concluded the day care service was well led. There was evidence of good leadership, robust and effective management and governance systems in the day care setting which were focused on the needs of service users.

Areas for improvement

Three areas for improvement were identified during the inspection. These regard:

- Policies and procedures
- Staff training records
- Evaluation of staff training

Number of requirements:	0	Number of recommendations:	3
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Kathyryn Robinson, Acting Manager and the deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Settings Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Day.Care@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 18

Stated: First time

To be completed by :
30 November 2016

The registered persons must ensure policies and procedures as identified in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (January 2012) reflect the relevant Northern Ireland governing legislation, The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Minimum Standards.

In particular the following Sense policies and procedures must be reviewed:

- Complaints – refer to section 4.3 For details of what needs amended
- Recruitment and Selection
- Staff Supervision and Appraisal
- Whistleblowing.

For details of what needs to be amended or reviewed in each of the above policies, refer to section 4.6 in this report.

Response by registered person detailing the actions taken:

We are liaising with Sense's national Policy & Quality Team, to ensure that the policies are ammended to reflect the recommendations of the report and are fully requirement with regulatory standards

Recommendation 2

Ref: Standard 21.8

Stated: First time

To be completed by :
31 May 2016

The registered person should, in accordance with Minimum Standard 21.8, ensure a system is in place within the day care setting to ensure staff signatures are obtained when on-line (e-learning) training is completed.

Response by registered person detailing the actions taken:

A system has been devised and implemented to ensure that staff sign and date each e-learning module that they complete

Recommendation 3

Ref: Standard 21.9

Stated: First time

To be completed by:
31 May 2016

The registered person should ensure a recorded evaluation process is in place regarding on-line training.

This will enable the manager to evaluate the overall effect of training on practice and procedures for quality improvement and take appropriate action should this be required.

Response by registered person detailing the actions taken:

This is has been raised with our national Training & Development Team, in the interim an evaluation sheet has been devised for e-learning, once completed a copy of the sheet is sent to the national team and a copy retained within the centre

<p>Recommendation 4</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2016</p>	<p>The registered person should, ensure Sense residential care staff supporting service users in the day care setting have formal, individual, recorded supervision regarding their work, development and training needs in the day care setting.</p> <p>The manager should ensure appropriate arrangements are in place for the registered manager of the residential setting to be made aware if there are any relevant training, development or support needs regarding the supervisee, as this information is relevant to the individual's annual appraisal.</p> <p>There should be day care setting procedures which explain and detail the rationale and process of the above. These procedures should be included or appended to the organisation's staff supervision and appraisal policy.</p> <p>Response by registered person detailing the actions taken: Procedures have been developed to record residential staff attendances in day services and to ensure that supervision occurs on a regular basis proportionate to attendance at the service. Issues arising are addressed in service where appropriate and when required information is passed on to the residential services manager for response and inclusion in formal review meetings including supervision and appraisals.</p> <p>We are liaising with the national team to ensure inclusion/appendage to the organisational policy</p>
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Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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