

Unannounced Care Inspection Report 27 January 2020



SENSE

Type of Service: Day Care Service

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

Tel No: 028 9335 5665

Inspector: Corrie Visser

www.rqia.org.uk

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 addiction learning disability and/or mental health need and/or a physical disability. Sense is commissioned by the Northern Health and Social Care Trust (NHSCT), Belfast Health and Social Care Trust (BHSCT) and the Southern Health and Social Care Trust (SHSCT).

3.0 Service details

Organisation/Registered Provider: SENSE Responsible Individual(s): Mrs Collette Gray	Registered Manager: Ms Kathryn Robinson
Person in charge at the time of inspection: Ms Lyndsey McClelland, deputy manager	Date manager registered: 29 October 2019
Number of registered places: 18 DCS-LD, DCS-LD(E), DCS-PH, DCS-SI	

4.0 Inspection summary

An unannounced inspection took place on 27 January 2020 from 10.00 to 16.30 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012 and the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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

Evidence of good practice was found in relation to training and staff development, managing accidents/incidents, staffs knowledge of safeguarding, individualised risk assessments and communication with staff and service users. There were further areas of good practice including the culture and ethos of the day care setting, monitoring the professional registration of staff and complaints management.

Areas requiring improvement were identified in relation to the monthly quality monitoring reports, policies and procedures, statement of fitness of an employee by the registered manager, signing of care reviews and the service user agreement to be in every service users' files.

Comments from the service users are included 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
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Ms Lyndsey McClelland, 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 20 December 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 December 2018.

5.0 How we inspect

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

- the registration details of the day centre
- the unannounced care inspection report and quality improvement plan dated 20 December 2020
- incident notifications which highlighted two incidents had been notified to RQIA since the last care inspection on 20 December 2020
- information and correspondence received by RQIA since the last inspection

During the inspection, the inspector met with the deputy manager and two staff members. The inspector met with a number of service users however had a more detailed discussion with three service users to obtain their views about the day care setting.

The following records were examined during the inspection:

- Four staff recruitment and induction records; one member of staff was recruited since the previous inspection of 20 December 2018.
- A sample of the agency's policies and procedures.
- Statement of Purpose, January 2020.
- Service Users Guide, January 2020.
- A sample of monthly quality monitoring reports for October 2019, November 2019 and December 2019.
- The day centre's complaints/compliments record since the last inspection.
- The day centre's record of incidents and accidents since December 2018.

- Fire safety precautions.
- Four service users care records, including an example of activity records.
- Staff roster for January 2020.
- Staff registration with the Northern Ireland Social Care Council (NISCC).
- The day centre's training matrix.
- Minutes of staff meetings.
- Minutes of individual meetings with four service users.
- Daily attendance record for service users within the day care setting.

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

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users and their representatives; two responses were returned and comments are included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 December 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 20 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) and Schedule 2 Stated: First time	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.	Met
	This relates specifically to ensuring that two references, one from the applicants' current or most recent employer is received prior to commencement of work.	
	Action taken as confirmed during the inspection: One member of staff was recruited since the previous inspection on 20 December 2018 and the references were compliant with Regulation 21 and Schedule 2.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 and 21.8 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector was provided with training records for four members of staff. One staff member was recruited since the most recent inspection and there was evidence of a structured induction with regard to NISCC standards. The NISCC induction handbook was completed, signed and dated.	

<p>Area for improvement 2</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure all safeguarding concerns are reported to RQIA as per the statutory notification requirements.</p> <p>Action taken as confirmed during the inspection: The inspector noted that all safeguarding concerns were reported to RQIA within the statutory requirements.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The safeguarding policy was updated by the agency and shared with staff. The changes were highlighted within the document for ease of reference and understanding for the staff team.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 6.4</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The inspector reviewed four service users' records and it was evidenced that care plans were updated in accordance with the changing needs of the service users.</p>	Met

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 centre.

The deputy manager and staff discussed that they felt there were appropriately qualified staff on shift during the day to ensure the safety of the service users. The manager and deputy manager would support staff in the provision of care and support to service users. There is a consistent staff group who know the service users and have the relevant skills and knowledge to meet their assessed needs. The inspector reviewed the rota for the month of January 2020 and it was evident that the planned staffing levels were adhered to. Following advice from the previous inspection, the rota clearly identified the person in charge and the duties and responsibilities of each member of staff on shift.

The deputy manager advised that staff recruitment records were held within the organisations human resources department however following discussion, the inspector was able to access some of these records in an electronic format in relation to a recently recruited staff member. The majority of pre-employment checks were undertaken on the staff member prior to commencement in post, however it was noted that under Regulation 21, there was no statement by the registered person in relation to the physical and mental fitness of the staff member. An area for improvement has been made in this regard.

The inspector reviewed the induction programme for newly recruited members of staff which was specific to the day centre. The focus is on ensuring staff have the skills and knowledge to meet the needs of the individuals that the service supports. Ongoing training is also provided to staff through face to face sessions, e-learning packages, self-study and competency assessments. Discussions with staff indicated that training was undertaken over a five week period which included mandatory training and shadowing experiences. There was evidence that the newly recruited staff members had a structured orientation and induction incorporating the Northern Ireland Social Care Council (NISCC) standards. The inspector reviewed the NISCC handbook which was retained in staff files and noted that it was signed and dated, in accordance with Standards 21.1 and 21.8 of the Day Care Settings Minimum Standards 2012.

Key training packages included - welcome to sense, living life (person centred and active support), safeguarding adults and children, first aid, dysphagia awareness, food hygiene, moving and handling, positive behaviour support, fire safety, data protection and confidentiality, infection control, health and safety, care planning, record keeping and policies and procedures.

In addition staff were provided with specific training in relation to learning disability, sensory loss, acquired brain injury and autism.

A training matrix has been compiled by the agency to monitor and review staff training to ensure they remain competent in their knowledge and skills to fulfil the duties of their role. There was a

good variety of training available to staff including maybo, sign language, malnutrition and assistance with eating, dysphagia and first aid.

The inspector discussed adult safeguarding with the deputy manager and it was advised that there had not been any further safeguarding incidents since the previous inspection, however it was noted that the setting had managed accidents and incidents appropriately and reported them to RQIA in accordance with the statutory notification guidelines. There was evidence of learning following the incident and the management had implemented an action plan to minimise the risk of reoccurrence being identified. Care plans/risk assessments were updated accordingly and the incident was discussed at team meetings to ensure all staff were aware of how to avoid any further similar incidents.

The inspector reviewed the setting's adult safeguarding policy and procedures and 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. Following the previous inspection on 20 December 2018, the policy and procedure had been updated in accordance with the associated regional operational procedures which were implemented in September 2016. The inspector reviewed the adult safeguarding position report which was in place in the setting. It was discussed with the deputy manager that this document will be mandatory from March 2020.

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 the manager's appropriate response.

Observations of the environment concluded that it was clean and tidy. The 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 the fire exits were clear and clutter free. The inspector examined the fire records retained by the setting. It was evident that a number of weekly and monthly fire precaution checks were undertaken. The most recent record of a full evacuation drill was reviewed from 10 October 2019 and the names of the staff and service users were recorded and no issues or concerns in relation to evacuating the building were noted.

Comments from service users included:

- "I love coming here and I really enjoy it."
- "I can speak to staff if I have any concerns."
- "I enjoy it and it makes me happy."
- "The staff are lovely."

Comments from staff included:

- "Training comes in bite sized chunks so it's not overwhelming and makes it manageable."
- "When I returned to work, I got another form of induction."

Two service users/relatives questionnaires were returned to RQIA. Both respondents indicated that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice in relation to fire safety, hygiene of the setting, being aware of the service users’ needs, staffing levels within the setting and risk management.

Areas for improvement

An area for improvement was identified in relation to the registered person undertaking a statement of the physical and mental fitness of the staff member prior to commencement of employment.

	Regulations	Standards
Total number of areas for improvement	1	0

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 attend the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose which was updated in January 2020.

Four service users’ files were reviewed on the day of inspection. They were noted to be well organised and indexed. They contained comprehensive and robust information including referrals, assessments in regards to activities, daily living and self-care, continence, eating and drinking, communication, mobility and transport. Every service user has a daily schedule which is tailored to their individual needs. The service users’ care plans were reviewed and updated in accordance with any change of their needs or if they required alternative staff support however it was noted that some documentation was not signed or dated by the service user, their relative or key stakeholders involved in the provision of their care. An area for improvement was made in this regard.

It was positive to note from reviewing the service users’ files that the information was specific to the individual. There was a photograph of the service user on the front of the file and a summary which gave information about the service user including communication, choice, personal care, eating/drinking, what people like and admire about the service user, mobility and what makes them happy. A comment from a service user within this document stated “God gave me a mind, it still works and I want to use it. Just ask me what I would like.” This incorporated the human rights of the service user by promoting their independence and choice. The setting should be commended as to the amount of personal information that was retained on file in relation to the service user. It was personalised and gave the reader an insight into the service users’ lives.

Some service users had a positive behaviour support plan which was reviewed every three months and any changes recorded. The setting had taken into consideration any restrictive practices for every service user and had liaised with the relevant trust in relation to same. Observations of staff interaction with the service users on the day of inspection noted that some service users had one to one staff support throughout the day. This was to ensure that the

service user was able to move around the day care setting in a safe manner and also supporting the service user to engage in meaningful activities. This practice was undertaken in a person centred manner and focused on enabling the service user to have some independence in the setting. This was incorporated within the individual behaviour support plan.

A monthly summary sheet was also included in the service users' files which reviewed the progress of the service user. This included if the service user experienced any agitation and any triggers for this, aims and objectives, the progress made and any changes to the care plan. It was also evident that the setting had communicated appropriately with the relevant HSC trust in regards to meeting the needs of the service user. It was decided that these individual meetings would replace service user meetings as it was felt that it impacted on the structure of the day for the service users.

Out of the four files reviewed, two did not contain the service user agreement. An area for improvement was made in this regard.

Consent forms were included in the files which indicated that the service user has been involved with their support plan and if they gave consent for professionals to access their information. These were signed by the service user and the manager.

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

From discussions with staff on the day of inspection, it was identified that there is an effective communication system in place to ensure the staff team receive information relevant to the care and support of service users. The staff were knowledgeable in relation to every individual service users' needs and care plan. Staff discussed that they use the care records to guide their practice and recognised the importance of ensuring these records remain current and relevant.

Comments from service users included:

- "Staff are very helpful and do what they can for me."
- "Staff are nice, friendly and helpful."
- "I will continue to come here."

Comments from staff included:

- "Teamwork is great."
- "Human rights and equality and diversity are done through eLearning."

Two service users/relatives questionnaires were returned to RQIA. Both respondents indicated that they were very satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users, staff and other key stakeholders and comprehensive and robust information contained in service users' files.

Areas for improvement

Areas for improvement were identified in relation to care plans being signed and dated and if the service user is unable to do so, then a comment is to be included, service user agreements to be retained in the service users' files.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

Observations 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. It was evident that staff adapt their approach to ensure consent is obtained with service users who have limited verbal communication. Throughout the day of inspection and observations of staff, it was evident that every staff member was attentive to the service users and encouraged and promoted independence whilst ensuring their safety around the setting. Staff were also observed to communicate with and understand those service users who had minimal verbal communication through recognition of non-verbal cues and gestures. This was evidenced when the inspector was speaking with service users. Guidance was offered to the inspector on how to communicate effectively.

It is positive to note that the service users were informed that the inspector was present in the setting and they were encouraged to talk to the inspector. The atmosphere within the setting was relaxed and positive and staff were observed promoting participation in activities within the setting. Interaction between staff and service users was positive. The service users who did not interact with the inspector, but remained in the room, presented as comfortable and relaxed in their surroundings.

The service users are offered a variety of activities which are suited to their needs. The range of activities offered included:

- art and craft
- sensory work
- computers and IT skills
- swimming
- hydrotherapy
- attending the gym on a weekly basis
- bowling
- horse riding
- shopping

The setting had recorded their future plan which was to aim to further develop their service to offer a wider range of activities and experiences to service users based upon their individual needs and aspirations. The setting was also planning to develop their person centred approach and build stronger links within the local community and continue to invest in staff training and ensure staff have the skills to appropriately support, encourage and empower the service users.

Comments from service users included:

- “I am proud of myself for making my own choices and keeping my independence.”
- “I go to SENSE crafters every Thursday.”
- “I like doing health and well-being.”
- “I enjoy making samosas.”

Comments from key stakeholders included:

- “Very impressed by levels of support and activity.”
- “Lots of interesting resource ideas.”
- “Very positive interactions observed between staff and service users. Very relaxed atmosphere.”

Two service users/relatives questionnaires were returned to RQIA. Both respondents indicated that they were very satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking the service users’ views in to account.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The 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, a deputy manager, a team of support workers and an administrator. There was a clear organisational structure and staff demonstrated awareness of their role, responsibility and accountability. The staff team work

directly with the service users to deliver the timetable and provide individualised support, including the provision of personal care.

The registration certificate was up to date and displayed appropriately.

A certificate of public liability insurance was current and displayed.

The inspector reviewed the Statement of Purpose for the day care service which was updated in January 2020. The document clearly describes the nature and range of the services to be provided. It was evident from the findings of the inspection that the service is operating in keeping with the Statement of Purpose. There was information in relation to service users being able to contact the patient and client council (PCC) with regards to any complaints as well as RQIA, the Northern Ireland Public Service Ombudsman (NIPSO) and the relevant HSC trust.

There was evidence that all staff were registered with the relevant regulatory body, namely the Northern Ireland Social Care Council (NISCC). This is regularly reviewed and monitored by the setting's head office to ensure ongoing compliance. The deputy manager and staff were 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 two complaints received since the previous care inspection. Discussion with the deputy manager and records reviewed indicated that these complaints had been dealt with in an appropriate and timely manner and the level of satisfaction of the complainant was recorded.

There were a range of policies and procedures in place within the setting which the staff had access to. It was noted however that the legislation was in relation to England and not Northern Ireland and the complaints policy and procedure did not include information in relation to the patient and client council (PCC) in Northern Ireland. A sample of the policies and procedures reviewed noted that they required to be updated in accordance with Standard 18 of the Day Care Settings Minimum Standards, 2012. An area for improvement has been made in this regard.

The inspector reviewed the monitoring arrangements in compliance with Regulation 28 of the Day Care Settings Regulations (Northern Ireland) 2007 and it was evident that these visits had been undertaken on a monthly basis by the responsible person and it was clear that they had a good understanding of the setting. A sample of reports reviewed evidenced the visits included engagement with the service users and staff. They also analysed the conduct of the setting, the environment and staff issues. It was noted however, that the reports reviewed did not contain a robust action plan with timeframes and the quality improvement plan was not reviewed or any progress noted. The action plan should detail timeframes and responsibilities. It was also noted that the information did not include consultations with key stakeholders. An area for improvement has been made in this regard.

Monitoring of staff performance was ongoing within the setting through observation of practice, regular supervision and an annual appraisal. Four staff files were reviewed on the day of inspection and it was evidenced that supervision was being undertaken within the setting's policies and procedures. It was also evidenced that appraisals were being completed with staff on an annual basis. The setting has a matrix in place to ensure all staff members are supervised regularly.

The inspector reviewed a sample of minutes from team meetings. These were held on a quarterly basis. There was also evidence of memorandums sent to staff in relation to specific issues. Agendas for the team meetings focused on a variety of issues including celebrating successes, centre update in relation to structure, staffing and referrals, deprivation of liberty safeguards, training, medication, health and safety and infection control.

The deputy manager and staff discussed that there was an open door policy for both staff and service users and the management could be approached throughout the day. It was also discussed that any issues could be raised with the management team and the staff or service user would receive an appropriate response.

The inspector discussed arrangements in place that relate 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. This was confirmed by the deputy manager and staff that this was addressed through their induction, training, supervision and appraisal process.

Comments from service users included:

- “I really love the place.”
- “I enjoy it and it makes me happy.”
- “If I have any concerns or complaints I can speak to staff.”
- “I have friends here.”

Comments from staff members included:

- “Management are really helpful.”
- “Sense is a company to work for.”
- “Teamwork is great.”
- “Human rights and equality and diversity are done through eLearning.”

Two service users/relatives questionnaires were returned to RQIA. Both respondents indicated that they were very satisfied that the care provided was well led.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in relation to the monthly quality monitoring reports and the setting’s policies and procedures.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Lyndsey McClelland, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered 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>Area for improvement 1</p> <p>Ref: Regulation 21(3)(c)(d) and Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure the person is physically and mentally fit for the purposes of the work he is to perform in the day care setting and full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.</p> <p>This relates to the registered person undertaking a statement of the new staff member's physical and mental fitness.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: An additional statement confirming that the registered person has reviewed the staff member's health declaration and determined that the person is physically and mentally fit to carry out the duties of the post.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 28(4)(b)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and may be unannounced and inspect the premises of the day care setting, its record of events and records of any complaints.</p> <p>This relates to the report detailing a robust action plan to include the quality improvement plan, timeframes and responsibilities; as well as consulting with more stakeholders.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Records of visits will be amended to reflect this requirement. Additional stakeholder consultation will also be included.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 4.3</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that the assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All new assessments will reflect this requirement. Additionally care files and existing assessments are being reviewed fully and service</p>

	users consulted and response recorded
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<p>Area for improvement 2</p> <p>Ref: Standard 1.1</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that prospective service users are given a Service Users' Guide which provides up to date information about the service.</p> <p>This relates to ensuring a Service User Agreement is contained in every service users' file.</p> <p>Ref: 6.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 18.4 and 18.5</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>Response by registered person detailing the actions taken: Updated Service User's Guide completed and forwarded to RQIA Service User Agreements have also been ammended to reflect requirements</p> <p>The registered person shall ensure the policies and procedures are dated when issued, reviewed or revised and they are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>This relates to ensuring all policies and procedures are kept updated and for the Patient and Client Council and legislation to Northern Ireland are included.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This has been highlighted to the National Policy and Quality team who are updating policy documents with a view to being reflective of Northern Ireland Legislation</p>

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



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