



The Regulation and  
Quality Improvement  
Authority

Age NI  
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BT70 1AP

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**Unannounced Care Inspection  
of  
Age NI (11053)  
16 June 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 16 June 2015 from 10.30 to 14.00 hours. Overall on the day of the inspection the day care setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, and The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

The details of the QIP within this report were discussed with the registered manager, Ms Patricia Kearney as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Age NI/Linda Robinson	<b>Registered Manager:</b> Patricia Kearney
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Patricia Kearney	<b>Date Manager Registered:</b> 1 December 2009
<b>Number of Service Users Accommodated on Day of Inspection:</b> 14	<b>Number of Registered Places:</b> 20

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

### 4. Methods/Process

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

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

A poster was displayed in the day centre at the commencement of the inspection informing service users that an inspection was taking place and inviting them and or their representatives to speak to the inspector and provide their views of the service.

During the inspection, all service users met with the inspector in groups and one was consulted individually and in private. In addition to the registered manager, two staff also met individually with the inspector.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- one available monthly monitoring report
- minutes of meetings of the service user group
- selected policies, procedures and protocols relevant to Standard 5 and 8
- file records for three service users
- staff duty rotas
- staff training records
- staff supervision history
- accident and incident records
- records of complaints and investigations.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 29 July 2014. The completed QIP was returned and approved by the care inspector who had carried out the inspection.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)	The registered manager must ensure that mandatory training is up to date at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The inspector reviewed the training log for two members of staff. This confirmed that staff had received mandatory training in moving and handling, infection prevention and control, and Control of Substances Hazardous to Health (COSHH) since the previous care inspection.  The registered manager also confirmed that 3 staff including bank staff were due to attend fire safety training which was scheduled for 17 June 2015.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 14.10	The registered manager should ensure; <ul style="list-style-type: none"> <li>(a) a complaint is recorded at the time of the complaint.</li> <li>(b) each complaint should be recorded on a separate page.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The inspector reviewed the complaints records and noted that since the previous inspection no complaints were recorded. The registered manager had however reviewed the complaints records and had implemented a new proforma for recording complaints which had a separate page to record each complaint.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 17.10</p>	<p>Procedures detailing monitoring arrangements at the centre needs to include arrangements in place when the responsible person is on leave.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector was unable to evidence the procedure in place when the responsible person is on leave.</p> <p>There was however confirmation provided that the monitoring officer had issued an e-mail to Age NI managers' informing them of the name of the person who was available to deal with queries and emergencies in the monitoring officer's absence.</p> <p>These arrangements were deemed satisfactory.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 7.2</p>	<p>The registered manager should ensure;</p> <p>(a) service users are informed about how they can access their records.</p> <p>(b) information in regard to how service users and their representatives can access records should be available and included in the service user guide.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Details regarding access to records were included in the service user guide.</p> <p>Minutes of a service user meeting viewed by the inspector confirmed that service users had been informed how to access care records. In care files examined there was recorded evidence of access to care files being offered to service users and this had been declined.</p>	<p><b>Met</b></p>

### **5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support**

#### **Is Care Safe?**

A policy on continence promotion policy dated November 2012 was available for staff. The continence promotion policy was generally satisfactory, although further development of the policy was needed to reflect evidence based practice guidance. This was discussed with the registered manager who confirmed that the policy was due to be reviewed, revised and updated. The review date for the policy was recorded as November 2015.

The majority of service users who attend the centre manage their continence needs independently. A small number of service users require assistance and support but were mainly able to manage their continence care independently, with a few requiring full support and assistance.

Three service users care files were reviewed during the inspection. Overall the needs assessment, risk assessment and care plans were up to date and kept under continual review and were amended as changes occur. In accordance with the day care setting regulations, not all files examined included a photograph of the service user, and this should be addressed.

Generally the individual care records observed were well recorded, and there were some good examples and prompts to demonstrate a person centred approach. This however, was not clearly evidenced in all three records and further care plan development is needed to ensure a person centred approach which includes the service users' preference.

The two staff consulted during the inspection were aware of continence products and personal protection equipment (PPE) and described care practice.

Discussion with the registered manager and staff confirmed that training in continence management had not been provided. It was the view of staff that training would be beneficial in this specific area.

Observation of the environment, including odour location and storage of PPE and continence products is generally in keeping with infection control guidance, though a few areas for improvement were identified. It was noted that to enable effective cleaning the toilet seat in the ladies toilet was not in keeping with infection control guidance and should be replaced. In addition the backrest in one toilet was observed to be in need of repainting as paint had worn away completely, and therefore was unable to be effectively cleaned. It was also noted that cleaning mops used within the centre were being stored in toilet areas. This practice should be reviewed as it is not in keeping with good infection control guidance. An assurance was provided by the registered manager that these issues would be addressed.

#### **Is Care Effective?**

Staff confirmed that service users generally bring their own products to the centre, and a small supply of continence products was available for emergency use only.

Personal protective equipment (PPE) was noted to be accessible for staff.

Confirmation was provided that staff induction records are maintained in the Age NI head office. Therefore these records were unable to be reviewed during this inspection to determine if staff had received appropriate education and training in continence management during induction. These records should be maintained at the day centre. As stated previously, staff reported that they had not received education and training in continence promotion or management of incontinence and had identified that this would be beneficial.

The registered manager explained the systems which were in place to identify continence issues, including the process for onward referral to other professionals.

One service user who agreed to speak to the inspector in private discussed their care and support needs in respect of continence management. They confirmed that they were always treated with respect and dignity and had a good relationship with members of staff.

### **Is Care Compassionate?**

Observation of staffs' interactions with service users throughout the inspection period presented evidence of a high level of compassionate care being delivered.

The service users preferred to meet in groups, and one service user agreed to meet in private. All spoken with were most complimentary about the care and support they received when attending the service, and were very satisfied with the service provision. There were no issues raised with the inspector during this inspection.

Comments made by service users consulted included:

- "very happy atmosphere"
- "I really enjoy coming here"
- "the staff are lovely and we all get on very well"
- "I really miss it when I am not able to attend"

One service user advised that there was no bed available for any service user who may become unwell when attending the centre, and had suggested this as an area for improvement. Management should consider if this is an appropriate suggestion for the service.

### **Areas for Improvement**

One requirement was made in respect of retaining a photograph for each service user within the day care setting.

Three recommendations were made with regard to further development of care plans to reflect a person centred approach which includes each service users' preference(s). Staff induction records to be retained and available for inspection in the centre, and education and training to be provided in continence management, as well as improvements in infection control practices.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>3*</b>
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## **5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting**

### **Is Care Safe?**

There was evidence that as an organisation, Age NI promotes service user involvement and empowerment. A range of effective policies and procedures were available. Examples include policies on service users' meetings and forums.

Service users confirmed they enjoyed the activities in the centre including trips that were organised outside the centre. They also confirmed they felt safe in the centre.

As previously indicated, there is good overall evidence to confirm that the needs assessment, risk assessment and support plans are kept under continuous review and changes are identified and recorded in a timely way.

Since the previous care inspection there had been no recorded complaints.

### **Is Care Effective**

At local level, management and staff actively seek the views of members via three monthly meetings. An agenda is recorded and minutes of meetings including who attended and the areas discussed are retained.

A sample review of the minutes confirmed that service users' views were sought and they were encouraged to exercise choice in respect of areas such as preferred activity provision and menu provision for the centre. One example included a change of service provider for the provision of meals. There was good evidence of consultation in respect of this change and information was provided with regard to increased costs of meals and the impact this may have on service users. It was noted from care files examined that each service user had an agreement in place which reflected the charges previously in place for meal provision. An addendum to each service user agreement is needed to include the revised meal provision charges.

At the time of inspection, surveys regarding the centre and service user experience had been issued to service users/representatives. The responses collated to date provided very positive comments with regard to the overall service provision.

The 2014-15 annual report for the service was not available on the day of inspection as it had not been fully completed. This was subsequently submitted to RQIA post inspection. The report included an analysis of service user responses in relation to survey questions and high levels of satisfaction were recorded.

The members consulted spoke very positively about the service and the facilities provided. Many confirmed they enjoyed off site facilities such as visits to shopping centres and seaside trips. During the morning, the majority of service users took part in a game based on the television game show deal or no deal.

Overall staff indicated both verbally and in returned questionnaires that they were very satisfied and satisfied with the service.



Two staff questionnaires identified the need for more staff training to be provided by the organisation in areas such as safeguarding, behaviours which may challenge and reporting poor practice. Staff confirmed that training in a range of topics would assist and enhance their role and would be beneficial. Comments were also received that on occasions training sessions which were scheduled had been cancelled at short notice.

### **Is Care Compassionate?**

Service users who met with the inspector confirmed that they felt well supported by staff in the service, and all comments provided regarding the staff team were positive. They also confirmed that during service user meetings their views were sought in respect of the day to day provision within the day centre. Observations and written records also provided good evidence of the provision of services in a professional and compassionate manner.

A range of very positive compliments had been received by the centre from service users and families of former service users. It was evident from the comments recorded that the centre provided a beneficial service to many service users, the majority of whom reside in rural communities and who otherwise may have become isolated.

### **Areas for Improvement**

Two recommendations were made. These were with regard to updating each service user agreement with an addendum to reflect increased meal charges.

In addition there was a need to ensure each staff member's training needs was reviewed during supervision, and Age NI as an organisation provide timely training and updates in safeguarding, behaviours which may challenge and reporting poor practice, core care values, mental health, dementia and the provision of activities.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations</b>	<b>1</b>
		<b>+*1 recommendation is also included in 5.3</b>	

## **5.5 Additional Areas Examined**

### **5.5.1 Staffing**

The staffing arrangements for a two week period were reviewed. Staffing in the centre was confirmed as satisfactory with many of the staff including the registered manager having worked in the centre for many years. It was noted that in the absence of the centres' permanent staff, bank staff were assigned to work in the centre.

### **5.5.2 Environment**

Generally the environment was clean and suitably maintained, though the registered manager had identified areas which require repainting and upgrading and was hopeful that repainting will commence within the next few months.

A number of service users who attend the centre have a range of medical conditions such as dementia. To assist in meeting their needs it is important to have appropriate signage to alert

service users of the location of toilet areas, and coloured toilet seats should be provided. when replacing toilet seats. A recommendation was made.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Patricia Kearney, registered 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and 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. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto: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 weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 19(1)(a) Schedule 4</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015.</p>	<p>A record must be maintained in the day care setting of a recent photograph of each service user.</p> <p><b>Ref:5.3- Standard 5</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> At the time of inspection a small number of files did not have a photograph as there had been a problem with the camera, this has now been resolved</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>Service user care records in respect of continence promotion and management should be developed to reflect a person centred approach to care including any service user preference and in a format suitable for the service user.</p> <p><b>Ref:5.3- Standard 5</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> ....All care plans have been reviewed and reflect a person centred approach to care.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015.</p>	<p>The registered person should ensure that a record of staff induction is retained in the day care setting and available for inspection at all times.</p> <p>In addition all staff working in the centre including bank staff should receive education and training on continence management.</p> <p>The training needs of individual staff should be reviewed and their individual training needs identified during their next staff supervision. This is specifically in areas such as safeguarding, behaviours which may challenge, reporting poor practice, core care values, mental health, dementia and the provision of activities.</p> <p>RQIA should be informed of the arrangements which have been implemented to address staff training needs when returning the QIP.</p> <p><b>Ref: 5.3-and 5.4 –Standard 5 &amp; 8.</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> .As all staff in this centre have been employed for many years their induction records have been kept in Age NI head office.As new staff are employed all induction records are kept in the Centre</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 July 2015</p>	<p>The registered person should ensure safe and healthy working practices are promoted in respect of infection prevention and control by addressing the following issues:</p> <ul style="list-style-type: none"> <li>• replace the identified toilet seat in the ladies toilet</li> <li>• upgrade the paintwork in one identified backrest and toilet to ensure effective cleaning can take place</li> <li>• remove mops from toilet areas and review the storage arrangements to ensure they are stored in accordance with good infection prevention and control practice.</li> </ul> <p><b>Ref:5.3–Standard 5</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Replacement toilet seats have been ordered. Mops have been removed from the bathroom. A request for painting the centre has been made to Linda Robinson.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 August 2015</p>	<p>The registered manager should ensure that each service user agreement is reviewed, and an addendum is added to reflect the new charges in place for meal provision where appropriate.</p> <p><b>Ref:5.4–Standard 8</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> An addendum has been placed in all relevant files.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 August 2015.</p>	<p>The registered manager should review the signage in the centre to ensure the needs of service users are met, and when replacing toilet seats coloured seats should be provided.</p> <p><b>Ref:5.5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Signage has been reviewed</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>d.Pat Kearney</p>	<p><b>Date Completed</b></p>	<p>22/07/2015</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Linda Robinson</p>	<p><b>Date Approved</b></p>	<p>20/08/2015</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Maire Marley</p>	<p><b>Date Approved</b></p>	<p>08/09/2015</p>

*\*Please ensure the QIP is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**