

Unannounced Care Inspection Report 18 April 2018



Grove Day Centre Age NI

Type of Service: Day Care Setting
Address: 8 Antrim Road, Ballynahinch, BT24 8AN
Tel No: 02897565631
Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This Day Care Setting has 15 places and provides care and day time activities for adults who are over 65; service users may also have a physical disability and may be experiencing early signs of memory loss or dementia. The setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual(s): Ms Linda Robinson	Registered Manager: Darran McQuoid
Person in charge at the time of inspection: Darran McQuoid	Date manager registered: 24 November 2015
Number of registered places: 15	

4.0 Inspection summary

An unannounced inspection took place on 18 April 2018 from 10.30 to 15.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care 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 the service users reported experience of safe care; staff knowledge of what is safe care; training, risk management; the home’s environment; providing care, in the right place, at the right time; service users individual care records; the ethos of the day care setting; listening to service users; staff accessing information on and discussing standards of practice, and maintaining good working relationships.

Areas requiring improvement were identified in relation to staffing arrangements; fire training and monitoring staffing arrangements in the setting.

Service users were asked what they thought of the day care setting and the care they received. Their responses described their experience and feelings about the day care setting in positive terms, for example: “I think the care is excellent and the staff are very caring”; “I like the company, food and happiness”; “no complaints, very good”; “All happy, couldn’t be better”; “it’s great, I have people here to talk to, have a laugh”; “gets me out of the house”.

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	1

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

During this inspection the inspection of the staffing arrangements revealed staff numbers reduced from three to two staff at least one day per week, this was not consistent with information Age NI presented to RQIA in January 2018. The QIP dated 06 November stated the improvement had been stated for three times however review of the previous QIP revealed it was the first time for this setting. Discussion with Age NI post inspection revealed service user numbers were lower on the days when there was two staff on duty which removed the risk that reduced staffing could not meet service users' needs on these days. RQIA acknowledged there had been a partial improvement and Age NI should be given time to fully meet this improvement. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 6 November 2017

Age NI met with RQIA representatives on 15 November 2017 and 12 January 2018 in relation to concerns regarding this and another Age NI setting. The concerns were in relation to staffing arrangements, the use of volunteers and the needs of service users who were in the day care setting that were not consistent with the statement of purpose. The meetings monitored progress with the care inspection QIP dated 6 November 2017. After the January meeting no further actions were required to be taken.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received from the registered manager and Age NI
- incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in November 2017
- unannounced care inspection report 06 November 2017

During the inspection the inspector met with:

- the registered manager
- eleven service users
- two care staff and the registered manager
- one volunteer

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Three were returned by service users/ relatives and one was returned by staff.

The following records were examined during the inspection:

- two individual staff records
- three service users care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2017 to April 2018
- Incidents and accidents records from November 2017 to April 2018
- the staff rota arrangements during February, March and April 2018
- the minutes of service user meetings held in February, March and April 2018
- staff meeting held in January 2017
- staff supervision dates for 2017 and 2018
- monthly monitoring reports for January, February, March and April 2018
- the staff training information for 2017 and 2018
- the settings statement of purpose

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met in relation to eight improvements and partially met in relation to one improvement.

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 6 November 2017

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

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

6.2 Review of areas for improvement from the last care inspection dated 06 November 2017

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 20(1)(a) Stated: First time	The registered person shall make appropriate arrangements to assess the number of staff that is required to be in the setting to meet the needs of the service users. Once completed the rota must evidence the minimum staffing numbers are achieved.	Partially met

	<p>The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; and the purpose of day care setting and activities they undertake (statement of purpose). A lone working risk assessment should also be in place if lone working continues in this day care setting.</p> <p>Ref: 6.4</p>	
	<p>Action taken as confirmed during the inspection: Inspector confirmed the assessment of service users' needs had been completed. Staffing numbers were increased by one in January 2018 because service users' needs had changed. However, the staff rota showed on 10 out of 35 days of day care provision the increased staff numbers were not in place. The monitoring officer reported the service user numbers were low on these days however the staffing rota/service user record had not been adjusted to evidence this. The organisation has been asked to send the Regulation 28 monitoring reports from April 2018 to RQIA to provide assurance the right staffing numbers are in place to meet the needs of service users being cared for and supported in this setting. This improvement will be stated for a second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 4 & 7</p> <p>Stated: First time</p>	<p>The registered person shall improve the settings statement of purpose to ensure it details:</p> <ul style="list-style-type: none"> • the matters listed in Schedule 1 • what is described must be consistent with the settings registration; for example staffing arrangements, structure of the day care setting; care and support delivered • clear admission criteria • description of service users' needs that can be supported in this setting <p>Where the statement mentions past staff and other day centres, these references should be removed where they are not relevant to this setting.</p>	<p>Met</p>

	<p>A revised copy of the statement of purpose should be submitted with the QIP.</p> <p>Ref: 6.5</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The registered persons forwarded the revised statement of purpose after the inspection in November and again when they reviewed the service users' needs that can be met in the setting. The statement of purpose was available and up to date at the time of inspection.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 22.2</p> <p>Stated: Second time</p>	<p>The registered provider should ensure that staff has recorded individual, formal supervision sessions no less than every three months.</p> <p>Ref: 6.2 & 6.7</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Supervision records showed this improvement had been acted on and supervision dates recorded were consistent with this standard at the time of this inspection.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>The registered person shall review the acting up arrangements in this day care setting and provide evidence that competent, skilled, experienced and appropriately trained staff can and will act up in the managers absence.</p> <p>Ref: 6.4 & 6.7</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The documentation to evidence this improvement was available and up to date at the time of inspection. Discussion with the staff confirmed they were satisfied with arrangements in place.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 24</p> <p>Stated: First time</p>	<p>The registered person shall improve the Volunteer arrangements in this setting to ensure recruitment of volunteers is safe, role and responsibilities are clear, they receive an induction, ongoing support and training as required.</p> <p>Ref: 6.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The volunteer recruitment induction and support programme was reviewed by Age NI and the procedure was consistent with this standard.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered person shall ensure a training plan is produced for the staff and volunteers in this setting and evidences mandatory training will be delivered as well as training specific to this setting.</p> <p>Ref: 6.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The training plan was available and up to date at the time of inspection. Staff were allocated onto mandatory training courses and training specific to assist them in meeting the assessed needs of service users in this setting.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 25.1</p> <p>Stated: Second time</p>	<p>The manager should prepare a suitable time bound program for the redecoration of the bathroom, main corridor and main activity room of the centre, and the replacement of the main activity room floor finish. This should be forwarded to RQIA for information.</p> <p>Ref: 6.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The setting had been painted since the last inspection and other improvements made to improve the comfort and homeliness of this setting.</p>		

Area for improvement 6 Ref: Standard 5.6 Stated: First time	The registered person shall improve the service user's individual care plans which should describe their physical, social, and emotional needs; they must be reviewed regularly and updated to ensure they contain the most up to date information in them regarding meeting service users' needs. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Three care plans were reviewed at the time of inspection and this showed the information recorded was consistent with the assessment of needs and current.	
Area for improvement 7 Ref: Standard 17.18 Stated: First time	The registered person shall put in place arrangements for staff to discuss their concerns regarding poor practice with a focus on improving areas of concern regarding safe, effective, compassionate and well led care. The action taken, the areas of improvement identified and an action plan should be forwarded to RQIA with the QIP. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Since the last inspection a team meeting had been held with staff to discuss their concerns and this was raised during supervision. No additional concerns were raised by staff.	

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 inspection of the staff rotas for February, March and April 2018 found staff numbers had been increased from one to two staff on 25 days out of a possible 35 days. The staff records showed the staff on duty were a mix of permanent staff and a small number of bank staff that had been specifically recruited by Age NI to cover gaps in staffing arrangements in all of the organisations day care settings. The record showed there was 10 days when staffing was not

increased. The manager advised this was reported to head office and no solution or contingency plan was put in place, however the manager assured the inspector he was providing direct care and support for service users, and no new service users had commenced day care during this period to ensure care was safe on these days. In contrast staffing was increased since the last inspection on 25 days following an assessment to measure what was the number of staff needed to provide safe and effective care and enable the manager to undertake management tasks such as essential recording, introductory home visits to new service users, attend meetings, liaise with referrers and representatives. Since the last inspection the records inspected had been improved and were current. Overall it was clear the increased staffing arrangements had allowed the manager to undertake recording and had contributed to the setting achieving the improvements stated in the last inspection.

Inspection of a sample of service users' records and incident recording revealed the reduction in staffing did not result in any adverse events involving service users. The inspection of the settings incident and accident records revealed one incident had been documented and investigated in line with legislation and minimum standards. There were no incidents/notifiable events found that should have been reported to RQIA or other relevant organisations.

The discussion with staff revealed they felt staffing numbers had generally improved which had had positive outcomes, in particular they had more time with individual service users; they used this time to talk with and observe service users' to ensure their needs were met. Generally staff described they felt increased confidence that they were providing safe and effective care.

In summary the assessments undertaken since the last inspection showed two care staff should be available to provide safe direct care taking into account the size and layout of the premises, the registered number and needs of service users, fire safety requirements and the statement of purpose. Staffing arrangements should not generally fall below this unless service users' needs or numbers change which should be clearly recorded. This had not been done prior to this inspection therefore the area for improvement aligned to regulation 20 (1) (a) is stated for a second time.

The competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the manager and this revealed the staff member was competent and experienced in the organisation and had the identified essential skills required to act up in the managers absence.

The inspection of the training records for 2017-18 showed staff had received mandatory training and other training relevant to their roles and responsibilities. The training plan for 2018 was also available for inspection which showed gaps in training were being provided before the end of 2018. Examples of training delivered were managing challenging behaviour; training regarding safe and healthy working practices; adult safeguarding; and fire safety. Discussion with staff regarding the training they had received revealed they felt the amount of available training had increased, this included refreshers of training they had attended before. They concluded the training enabled group discussion and opportunity to learn from staff who were working in other settings, they felt this had benefitted their implementation of training into practice. One staff member described she had requested QCF training two years ago and was still waiting. The discussion with the registered persons revealed the staff member was on a waiting list for this training, the manager and organisation were reminded of their responsibility to support staff to attain relevant QCF qualifications.

Discussion with the registered manager, observation of service users' needs on the day of the inspection and inspection of three service users care records revealed there were no examples of restrictive practices being carried out that were being supported or were part of a service users care plan in this setting. Furthermore there were no environmental restrictions that prevented service users from accessing or leaving the setting at any time.

The walk around the setting found the environment was clean and tidy, furniture and aids presented as suitable for the service users' needs and group rooms were spacious enough to allow service users to take part in activities or find space for relaxation and quiet time.

Fire safety precautions were reviewed, fire exits were identifiable by clear signage, exits presented as unobstructed, the last fire drill was completed in November 2017, the fire risk assessment was not due for renewal until 06 December 2018 and the action plan had been addressed. The staffs fire training certificate showed fire training would be renewed in two years; the manager was reminded this should be renewed annually. An improvement is made in this regard.

The service users were asked if they felt safe in the Grove centre, the feedback from service users was they felt safe in this day care setting, they said: "staff come in and out to check were ok"; they said the furniture was comfortable and safe and they could make their way around the setting safely, lastly they said there was enough staff to give them help if they needed it. When discussing fire safety service users knew they had to go outside if the fire alarm sounded and said staff would help them.

Staff were asked is care safe in this setting, they said care was safe because they knew the service users' needs, they identified the staffing numbers had improved, more training was available and as a staff team they had the right skills to ensure care and support was safe and effective. Staff said service users like staff being "attentive and service users enjoy staff company".

Three service users and relatives returned questionnaires to RQIA post inspection, they identified they were "very satisfied" regarding the questions "is care safe" in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

One member of staff returned a questionnaire to RQIA post inspection, they identified they were "very satisfied" regarding questions on "is care safe" in this setting. They were satisfied that staff were employed in sufficient numbers to meet the needs of the service users, staff had been inducted and had received all mandatory training. Staff had received safeguarding training and all staff were aware of their responsibility to report any concerning or unsafe practice.

In conclusion the inspection of records, discussion with staff and observations showed the care and support delivered by staff was focussed on preventing harm to service users and the care delivered was intended to help them.

Areas of good practice

There were examples of good practice found during this inspection in relation to the service users reported experience of safe care during this inspection; staff knowledge of what is safe care; training, risk management and the home's environment.

Areas for improvement

Two areas for improvement were identified regarding staffing arrangements and fire training during the inspection, this is the second time staffing has been identified for improvement.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The centre's statement of purpose was reviewed; this was consistent with Schedule 1 and described the service users' needs that can be met in the setting including the admission criteria.

Three service user's individual care files that contained their records were inspected. They contained individual assessments and care plans for each service user that described their physical, social, and emotional, needs. Each service user had an individual written agreement that set out their terms of their day care placement; the assessments included assessment of needs and risk. Records were stored safely and securely, the manager identified Age NI had been communicating with all staff regarding the implementation of the General Data Protection Regulation (GDPR) however, there was no impact to date on the keeping and storage of service users' current individual data.

Review of three service users' individual records and discussion with the manager confirmed systems were in place to review the service user's placement within the centre and ensure that it was appropriate to meet their health and social care needs, the records inspected showed the reviews had happened within recommended timescales and the annual review reports contain relevant information.

Discussion with service users confirmed they would speak to staff if they wanted advice or had a concern, furthermore staff stated they would speak to the manager, staff member in charge or monitoring officer if they had a concern regarding anything that was happening in the setting.

Service users spoken to during the inspection discussed they were very satisfied with the care and support they had been given in the Grove centre, they were satisfied staff asked them what they needed and their needs were met.

Discussion with staff revealed they were confident care and support was effective, they identified service users liked the setting and were asking for more days. They noted the increased staffing numbers had made a difference, and they were able to plan how the care will be delivered to ensure needs were met. Staff described they knew service users well, for example their likes and dislikes as well as their needs, they discussed knowing this was important to ensure the group was well cared for; example one service user did not like food that had eggs however they found during discussion the service user did like an egg salad and they would select for lunch if it was on the menu.

Three service users and relatives returned questionnaires to RQIA post inspection and they identified they were “very satisfied”; regarding the questions “is care effective” in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

One member of staff returned a questionnaire to RQIA post inspection, they identified they were “very satisfied”, one was undecided and one was unsatisfied regarding questions on “is care effective” in this setting. They identified that services users had been assessed and were in the right place for their needs to be met, staff were kept informed of changes to service user care plans, referrals/treatment to/from other agencies and professionals was dealt with promptly and the service has good working relationships with other professionals/agencies.

Overall discussion with staff, review of records and observation of care showed communication, procedures and the increased staffing had supported staff to provide safe and effective care, they knew what each service user needed and how best to meet their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, at the right time and service users individual care records.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect by staff. Examples of staff promoting service users’ independence and preferences regarding activities was observed. Staff were also observed encouraging service users to use quiet space as needed, supported service users to move around independently take part in group activities and discussions.

On the day of the inspection the service users took part in activities that encouraged social interaction with the group, memory recall and cognitive skills. Service users who did not want to take part in the group activities were encouraged to do other activities of their choice, for example knitting, reading. Observations in this regard found good examples of service users being encouraged to be fully involved and maintain their independence.

Inspection of the day care settings records found there were systems in place to promote effective communication between service users and staff. Examples were: service user meetings had been held in December 2017; January and March 2018. The minutes showed service users had been consulted regarding the menus, staffing arrangements and activities. Staff had also informed the service users regarding fire safety precautions and the complaints

procedure. Furthermore service users were also encouraged to give their views, any personal outcomes and goals they hoped to achieve in day care in their individual review meeting. In conclusion service users were provided with information and choices; and they were encouraged to give their feedback to improve their experience in the day care setting.

The annual service users' quality assurance survey had been undertaken for 2017; the report detailed the service user's qualitative comments, service users' measurements of the quality of care and summarised suggestions raised in an action plan. The action plan would be discussed with the service users at the next meeting and will be used to improve the provision of day care in the Grove centre.

Service users were asked if care in the setting was compassionate and encouraged them to be involved. They said the staff had asked their opinion regarding meals, the menu planning, activities and the environment, they also said they felt staff had involved them in what they did in the day care setting. Service users said it was "marvellous to have a place like this (grove) to come to", "family are glad I'm here" (for safety), and "lovely friends and lovely food". Observation of staffs responses and communication with service users during the inspection showed they knew how to put service users at ease, support them to have fun and took time to ascertain their choices.

The staff were asked to describe their delivery of compassionate care, they described they used observation and communication to ensure they were informed regarding service users changing needs, they described they make the setting feel homely by for example putting flowers on the table, they encouraged involvement at the level that each service user is comfortable with and encourage all service users to have a say, particularly those who are less vocal. Staff clearly identified they need to listen to service users and provide effective care with kindness and respect.

Three service users and relatives returned questionnaires to RQIA post inspection. They identified they were "very satisfied"; regarding questions on "is care compassionate" in this setting. They identified they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

One member of staff returned a questionnaire to RQIA post inspection, they identified they were "very satisfied" regarding questions on "is care compassionate" in this setting. They identified staff treated them with kindness; dignity and respect; All staff engaged with service users with warmth and consideration; care was delivered in a person centred individual manner and not routinely; staff communicated with service users about their care and treatment in a manner which was understood; there was a culture of reporting any concerning practice and confidence that these concerns would be dealt with.

The inspection of this domain confirmed the staff were promoting service users to be involved in their care and effective communication between service users and staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

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 registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed (and updated) by the provider on 18 April 2018. The document clearly described the nature and range of the service to be provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

Evidence gathered at this inspection showed that the service was operating in keeping with its Statement of Purpose.

Discussion with staff and the manager confirmed there was a range of policies and procedures in place to guide and inform staff, they described they were kept in the office and were easily accessible by staff.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed no complaints had been recorded from 01 April 2017 to April 2018.

Inspection of staff meeting minutes revealed they were held quarterly with minutes and attendance recorded. The content recorded showed they had discussed the standard of day care being delivered, including the quality of care, training opportunities and potential to improve practice.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions. The reports did not monitor staffing numbers or specifically analyse the impact of staffing reducing from three to two staff. The monitoring visit and report should assess the conduct of the setting therefore an improvement is made in this regard to ensure staffing is monitored through the visits. If staffing falls below the planned levels a written contingency plan must be in place for the manager to follow and the monitoring visit should ensure there is evidence the contingency plan was put in place if staffing did fall below the assessed safe level. To evidence this is in place the monthly monitoring reports should be forwarded to the inspector indefinitely.

The annual report for April 2017 to March 2018 was provided for this inspection, the report included matters listed in Schedule 3 and detailed how the setting could improve the care and support they were providing in relation to Schedule 3.

The service users were asked if the service is well led, they said they were very satisfied that it was. Service users gave examples such as “staff have the right skills to help service users”; they felt Darran (the manager) knew what he was doing; staffing was sufficient and they felt assured that the monitoring officer was reviewing the standard of care provided in the setting.

The staff were asked what their opinion was regarding effective leadership in the setting, they described they work well together, the manager had an open door and they had experienced him as approachable, good communicator who openly discussed the standard of care they were providing, and they felt he had empathy which was important in their work . Finally they described the atmosphere was good and it had been a nice place for them to work.

Three service users and relatives returned questionnaires to RQIA post inspection and they identified they were “very satisfied” regarding questions on “is care well led” in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

One member of staff returned a questionnaire to RQIA post inspection, they identified they were “very satisfied” regarding questions on “is care well led” in this setting. They identified there was a culture of staff empowerment and involvement in the running of the service, a culture of learning and upskilling, a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations. Managers/leaders were approachable and open to whistleblowing or raising concerns. The respondent wrote “I feel that in partnership with RQIA the service delivery in the day centre has improved year on year. I would be confident that this will continue to be the case”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff accessing information on and discussing standards of practice, and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection in relation to monitoring staffing arrangements in the setting.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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 20(1)(a)</p> <p>Stated: Second time</p> <p>To be completed by: 13 June 2018</p>	<p>The registered person shall make appropriate arrangements to assess the number of staff that is required to be in the setting to meet the needs of the service users. Once completed the rota must evidence the minimum staffing numbers are achieved.</p> <p>The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; and the purpose of day care setting and activities they undertake (statement of purpose). A lone working risk assessment should also be in place if lone working continues in this day care setting.</p> <p>Ref: 6.2 & 6.4</p>
	<p>Response by registered person detailing the actions taken: As previously approved, the quarterly assesment criteria will be applied to all service users who are attending the day centre. Service users who following assessment require a higher level of support than that which is available at a social day centre will be assisted through discussion with Care Management to find alternative day care. Staffing levels will be maintained without exception at levels that support a safe environment for social care and this will be reflected by the rota. A lone working risk assessment is available which relects the organistaional lone working policy for driving duties as this is the only occasion when lone working occurs in this setting.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 28 (4) & (5)</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2018</p>	<p>The registered person shall improve the Regulation 28 monthly quality monitoring visits to ensure they monitor staffing numbers and specifically analyse the impact on care if staffing has reduced from three to two staff.</p> <p>Monthly monitoring reports should be forwarded to the inspector on completion indefinitely.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Staffing levels will be closely monitored and findings will be recorded following each monthly monitoring visit. Monthly Monitoring Reports will be forwarded to the inspector on completion as requested.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 28.4</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2018</p>	<p>The registered person shall improve the provision of fire training for staff to ensure training is renewed annually.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Although the Fire Certification issued currently states that it covers a two year period annual training is actually provided. Certification issued on completion of training for 2018 will reflect more clearly that training is indeed completed annually. This has been discussed with the training provider and a request has been made for new certificates to be issued.</p>

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



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