

Unannounced Care Inspection Report 2 October 2018



Age NI Lisburn

Type of Service: Day Care Service

Address: Laurelhill, 1a Ballymacash Park, Lisburn, BT28 3EX

Tel No: 02892660801

Inspector: Marie McCann

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 10 places that provides care and day time activities for people living with dementia who are aged over 65. The setting is open to Monday to Friday. The service is commissioned by the South Eastern Health and Social Care Trust (SEHSCT).

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual(s): Ms Linda Robinson	Registered Manager: Mrs Claire Braniff – acting manager application not required
Person in charge at the time of inspection: Michelle Quigley	Date manager registered: As above
Number of registered places: 10	

4.0 Inspection summary

An unannounced inspection took place on 2 October 2018 from 09.20 to 15.15.

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 staffing arrangements; training; infection prevention and control; service user care records; reviews; audits; communication between service users, staff and other key stakeholders. In addition evidence of good practice was found in relation to governance arrangements; staff supervision and staff meetings; quality improvement and maintaining good working relationships.

Three areas for improvement were identified in relation to updating the organisation's whistle blowing policy and documentation in relation to restrictive practice. An area for improvement has been stated for a second time with respect to improving the records of accidents and incidents.

Service users and relatives' comments are reflected 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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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 5 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 February 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
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection on 5 February 2018
- Unannounced care inspection report and quality improvement plan from 5 February 2018

During the inspection the inspector met with the person in charge, one staff member and a relative. The inspector greeted; made introductions to and spoke with eight services users in the group setting.

The following records were examined during the inspection:

- Three service users' care records
- Two staff personnel records
- A sample of service users' daily records
- The day centre's complaints/compliments record from 5 February 2018
- Staff roster information for August 2018 and September 2018
- Fire safety precautions
- A sample of activities records
- A sample of minutes of service users' meetings from March 2018 to September 2018
- A sample of minutes of staff meetings from April 2018 to August 2018
- The day centre's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports from February 2018 to September 2018.
- Policy on Safeguarding Adults, 2016
- Assessment of Risks in a Day Care Setting Policy, 2016
- Staff induction Policy, 2016
- Whistleblowing Policy, 2016
- Confidentiality Policy, 2016
- Complaints Policy, 2017
- Accident Policy, 2016

- The Statement of Purpose, January 2018
- Service User Guide.

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

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

The inspector requested that the person in charge place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the person in charge, service users, relatives and staff for their support and co-operation throughout the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met and 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 5 February 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 5 February 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 30(1)	The registered person shall notify the new management arrangements for this setting to RQIA without delay.	Met

<p>Stated: First time</p>	<p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that this information had been provided to RQIA.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 19 & Schedule 5</p> <p>Stated: First time</p>	<p>The registered person shall improve the settings incidents, accidents and notifications record.</p> <p>The record should be a chronological record of every incident or accident in the setting or if an incident or accident happens during day care setting outings. The record should detail any incidents or accidents, what action had been taken including any action to prevent reoccurrence and detail if other professionals or agencies were informed.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the settings incidents, accidents and notifications record. It was positive to note that an audit of incidents and accidents had been done. The records maintained for incidents/accidents since the last inspection were in chronological order, provided details of the incident or accident and action taken at the time. However the records should be further improved to include what action was taken to prevent reoccurrence and if other professionals or agencies were informed.</p> <p>This area for improvement has been stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (8)</p> <p>Stated: First time</p>	<p>The registered person shall put in place adequate arrangements to ensure the door between the residential home and day care setting is secure and strangers or residential staff do not wander in to use the day care setting facilities.</p> <p>Ref: 6.4</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Discussion with the person in charge and review of signage on the doorway between the residential home and the day care setting established that the practice of using the settings facilities no longer occurs during the hours of operation of the day centre. In addition building works are planned which will provide the residential home with additional facilities removing the need for accessing the day centre.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1 Ref: Standard 8.5 Stated: Third time</p>	<p>The registered person shall improve the summary of the annual questionnaire/survey. The summary should include an overview of feedback received and how this will be integrated into future delivery of the service, for example an action plan.</p> <p>This should be shared with service users and their representatives.</p> <p>The 2017 responses and report should be revisited to ensure all suggestions are considered for improvement. This should be forwarded to RQIA with the QIP.</p> <p>Ref: 6.2 & 6.5</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed evidence that an action plan as required has been attached to the day care settings annual questionnaire survey for 2017 and 2018.</p>	
<p>Area for improvement 2 Ref: Standard 17.9 Stated: Second time</p>	<p>The registered person shall improve the audit of working practices such as file audits, environmental audits or audits of infection prevention and control. Audits should evidence practice is focussed on effective and safe care; and consistent with the settings policies and procedures.</p> <p>Ref: 6.2 & 6.7</p>	Met
	<p>Action taken as confirmed during the inspection:</p>	

	The inspector viewed evidence that the day care setting had arrangements in place to audit care records, accidents and incidents, complaints and the environment and infection control issues.	
Area for improvement 3 Ref: Standard 20 Stated: First time	The registered person shall put in place arrangements that evidence safe recruitment practices have been undertaken for each member of staff who works in this setting. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The person in charge advised the recruitment processes are undertaken by the organisation's human resources department. However a recruitment checklist was available in two members of staff personnel file reviewed. This was signed by human resources personnel evidencing that the required recruitment processes and checks had been completed.	

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 day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

The day to day management of the day care setting is provided by a new manager who is completing the QCF Level 5 qualification while working in the post. The registered manager of another Age NI day care setting is providing part time management support in the absence of a registered manager.

Discussions with the person in charge, staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The person in charge was able to describe contingency measures that would be taken to ensure the safety of the service users if appropriate staffing levels could not be provided on any given day. A review of the staffing roster for August and September 2018 evidenced that the planned staffing levels were adhered to. The person in charge and one day care worker are rostered to be present on a daily basis in the day care setting. If a permanent

staff member is absent from the service, bank staff are rostered. Records showed the number of staff working each day, the capacity in which they worked and who was in charge of the day centre each day. It was positive to note that the day care setting had used bank staff that had previously worked in the setting which provided consistency for the service users.

A competency and capability assessment was reviewed for one person who, at times was in charge of the day centre in the absence of the manager. Discussion with the person in charge established that she had confirmed with the staff member that they were willing to assume responsibility as the person in charge of the setting in the manager's absence; and that they had sufficient experience and were knowledgeable regarding relevant day care setting regulations and standards.

The person in charge confirmed that staff employment records were held within the organisations human resources (HR) department and that all appointments made were in keeping with the day care regulations and standards. The inspector reviewed records for the two most recently recruited staff, which evidenced that the recruitment checklist signed by HR personnel confirmed the appropriate recruitment checks were undertaken.

The inspector reviewed the induction records of a newly appointed staff member which provided evidence the staff member had a first day induction to the day care setting and a week to shadow experienced staff members' in the day care setting, while awaiting on the organisation's corporate induction. Discussions with the person in charge and staff member confirmed that during this time period the new staff member was supported to review the care plans and risk assessments of service users, discuss and review pertinent policies such as adult safeguarding policy, incidents policy, whistle blowing policy and complaints policy. However this was not reflected in the record of induction maintained. The person in charge agreed to ensure that the record of induction was updated to reflect the structured orientation provided and this would be signed by the person in charge and the employee. The inspector also advised that once the corporate induction was completed by the staff member a record of the training provided should also be maintained in the staff file and available for future inspections. A review of the organisation's induction policy evidenced that it needed to be amended for relevance to the day care staff as the policy made reference only to home care workers.

Discussion with the person in charge and a review of the training matrix evidenced that the day care setting had a system in place to ensure staff had access to a rolling programme of mandatory training and compliance with training requirements was monitored. The new staff member evidenced that they had recently undertaken training that fulfils a number of the day care settings mandatory training requirements within their previous employment. However arrangements were in place to ensure the staff member attended mandatory training relevant to the day care setting. It was positive to note that staff received training in equality and diversity and General Data Protection Regulation (GDPR).

A review of the day care settings incidents and accidents since the last inspection identified that two accidents had occurred and had been managed appropriately at the time and were not required to be notified to RQIA. However the record of accidents and incidents should be improved further to include what action has been taken to prevent reoccurrence and detail if other professionals, agencies or relatives were informed. The person in charge was reminded accidents and incidents must be reviewed to identify any actions that could prevent a reoccurrence and that any learning is disseminated to staff and service users as appropriate. An area for improvement was stated for a second time in this regard.

The person in charge confirmed that there were no restrictive practices in place within the day centre other than the use of a keypad system to gain access/egress to the day centre. The person in charge advised that as part of the referral process service users are assessed as needing the support of an environment where they are unable to leave without the support of staff or a relative and they are made aware of this. The person in charge spoke confidently about managing risks to service users' wellbeing while maintaining their human rights and ensuring that all service users willingly attended the day centre. Observations of the service users on the day of inspection verified this. However the inspector advised that the day care setting should improve how this restrictive practice is documented in the assessment, care planning and review process for each individual service user, with the involvement of the multi-disciplinary team as required. The Statement of Purpose and Service User Guide which currently states that there is a key pad system in operation at the front door for security of the service users attending the centre, should be amended to explicitly reflect that service users are not able to access or egress the day centre without the support of staff. An area for improvement is made in this regard.

The person in charge advised that there had been no recent or current adult safeguarding referrals or investigations. Discussion with staff established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records. A review of the day care setting's adult safeguarding policy found that it reflected information contained within the DHSSPS regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 policy and that the organisation had an identified Adult Safeguarding Champion (ASC). However, it was highlighted that the associated regional Safeguarding Operational Procedures, September 2016 should be included. This policy was amended post inspection and forwarded to RQIA with assurances that amendments have been discussed with staff.

The day care setting comprises of one large room in which all service user activities are held with an open plan small kitchen area. Service users have access to toilet facilities in the adjacent hallway and a secure garden area. The environment was noted to be warm, clean, odour free and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Infection prevention and control measures were in place and a good standard of hygiene was observed throughout the centre. Measures included the availability of hand sanitiser around the setting, seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall. Staff had access to gloves and aprons as required.

Fire safety records were maintained by the residential home adjoined to the day centre and were made available for review during this inspection. The person in charge confirmed that she would discuss the fire safety arrangements with the person in charge of the residential home to assure herself that appropriate safety arrangements are being maintained. The records examined on the day of inspection identified that weekly fire alarm tests were completed and that the last fire risk assessment had been completed in June 2018, the action plan was on its way to being addressed. It was noted that the day centre had full evacuation drills in March 2018 and September 2018 with no areas for improvement identified.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "Staff are great."

- “Nothing to suggest to change.”

Staff comments:

- “I feel I have received the appropriate information and support to commence my role.”

Relatives’ comments:

- “The place is 100 per cent, xxxx enjoys coming here.”
- “I leave here knowing she is safe and being treated well.”

Six service users and/or relatives returned questionnaires to RQIA. Five responses indicated that they were very satisfied that the care provided to service users was safe and one response indicated that they were satisfied care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, training and infection prevention and control.

Areas for improvement

One area for improvement was identified in relation to improving documentation in relation to restrictive practice. An area for improvement has been stated for a second time in relation to improving the records of accidents and incidents.

	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 inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Aspects of three service users’ individual files were inspected. They contained referral information; evidence of introductory visit; service user agreements; day care setting assessments; individualised care plans with activity plans; handling and falls risk assessments; nutritional risk assessments and record of monthly weights of service users, continence and transport assessments. Care plans were noted to be comprehensive, person centred, and they clearly and concisely described service users’ needs.

It was positive to note that the day care setting use a document ‘helping us to get to know you’ with service users which supports service users to provide information relating to their family history, special memories, interests and hobbies and likes/dislikes. The inspector advised that this document should be updated to include the date of completion and signature of who

completed the document. The person in charge agreed to action this. The use of this person centred document is commended.

There were systems in place to review service users' placements within the setting to ensure it was appropriate to meet their health and social care needs. With evidence of initial and annual care reviews, in partnership with the service user and/or their relative and SEHSCT representative. It was positive to note that in preparation for care review, service users had been supported by staff to complete a questionnaire in preparation for the review to promote their involvement in the review process. The person in charge discussed how the day care setting aims to promote service user involvement and inclusion in the assessment, care planning and review process by working at the individual service users' level of cognition and adapting the discussions accordingly. The person in charge agreed to review ways in which this can be reflected within the records maintained, when the service user is unable to sign agreement with documentation.

The person in charge discussed the importance of ensuring that service users care records were recorded in a timely manner and that the setting maintained daily care recording. A review of a sample of the records verified this and also evidenced that there was effective liaison with service user's relatives and relevant SEHSCT professionals to ensure the safety and wellbeing of service user's during their time in the day centre and at home.

Service user care records were noted to be well organised and stored safely and securely in line with data protection requirements. File audits of a number of care records had been undertaken to ensure the quality and consistency of recording was maintained.

Discussions with the person in charge and new staff member confirmed that they were aware of their roles and responsibilities and lines of accountability. They confirmed that they were aware of their obligations in relation to raising concerns with respect to poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the organisation's whistleblowing policy and were able to access it. A review of the day care setting's Whistleblowing policy identified that the policy did not include the recognised bodies to whom concerns can be reported such as RQIA and NISCC. An area for improvement was made in this regard.

Discussion with service users confirmed that they would be comfortable speaking with staff if they had any concerns or complaints. The day centre displayed a copy of the organisations complaints policy and complaints form in the communal hallway for service users and/or their relatives to review as needed. In addition the Statement of Purpose and Service User Guide provides information about how to make a complaint. It was positive to note that the Service User Guide referenced the availability of external agencies to support service users when making a complaint, such as the Health and Social Care Trust, the Northern Ireland Public Service Ombudsman, and independent advocacy service. However the inspector recommended including the contact details of these agencies as the document currently only references the names of the organisations. In addition the inspector recommended including the Patient Client Council. The person in charge agreed to action this.

A complaints file was available within the day centre to record the management of complaints. There had been no complaints recorded since the previous care inspection. Discussion with the person in charge and a review of the organisations complaints policy confirmed that a robust complaints management process was in place and was in accordance with the relevant legislation and DHSSPS guidance relating to complaints handling.

Staff acknowledged that service users require varying degrees of support with their care needs, they described how independence is promoted but when assistance is required this support is provided discreetly.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Relatives' comments:

- “The staff make a great difference, they weigh xxxx which is very helpful for me.”
- “There is good communication between myself and staff.”

Six service users and/or relatives returned questionnaires to RQIA. Four responses indicated that they were very satisfied that the care provided to service users was effective and two responses indicated that they were satisfied care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

One area for improvement was made in regard to the day care setting’s whistleblowing policy.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff were observed communicating with service users providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and expectations.

The person in charge and staff member confirmed that they consult with service users informally on a daily basis when they are in the day care setting regarding their needs, preferences and choices. In addition service users are consulted on a formal basis via the service users’ meetings, the annual care review of their day care placement and with the annual satisfaction survey. Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. The discussion with the relative spoken with on the day of inspection confirmed that staff communicated with them and their relative in a compassionate manner and staff encouraged discussions and sought their views and opinions. The inspector also evidenced written communications were used to keep service

users relatives informed of changing staffing arrangements and share information regarding suggested costings for outings. Opportunity for feedback was included.

A review of minutes from service user meetings evidenced that they typically occurred monthly. The minutes showed service users were consulted about issues such as activities, transport meals and staffing arrangements. It was positive to note in the minutes of the August 2018 meeting that service users were kept informed of the appointment of a new member of staff. The person in charge also advised that outings would be booked on different days of the week so that each service user could avail of outings. The minutes provided evidence the person in charge sought feedback from service users at each meeting with respect to any complaints or compliments and relayed that service users could speak to her individually if they wished to.

A review of the annual survey report April 2018 provided positive feedback regarding the quality of service provided by the day centre. All service users rated the facilities in the centre; attitude and friendliness; response of staff to care needs and transport arrangements as excellent. With respect to feedback on the programme of activities; meals service; lengthy of journey and general appearance and access to the centre, 50 per cent of service users rated these as excellent and 50 per cent them as good. Furthermore all service users said they would recommend the day centre to others and attending the centre was of benefit to them.

Service users meals are provided by the residential home and the inspector noted that service users have a choice of two meals each day. On observing the lunch time routine the inspector noted that staff wore appropriate disposable aprons to serve meals and choice of drinks and additional portions were offered to all service users. The meal provided appeared appetising and this was confirmed in discussion with service users.

Observations of service users taking part in activities showed participation was good. A review of the day care activities programme evidenced a varied programme, which included daily news/ discussion, quizzes, bingo, chair exercises, bean bag target game, table top games, reminiscence activities, arts and crafts and outings for lunch to Bangor and Carrick. The person in charge advised that although a daily activity programme is in place, it is flexible; is confirmed with service users on the day and can be changed depending on the preferences of the group. This was confirmed during discussions with the service users on the day of inspection.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff always ask if we are happy with planned activities."
- "Staff treat everybody with respect."
- "Food is great, plenty of drinks."

Six service users and/or relatives returned questionnaires to RQIA. Four responses indicated that they were very satisfied that the care provided to service users was compassionate and two responses indicated that they were satisfied care provided was compassionate. One relative commented: "xxxx is very happy in Laurehill and shares in all the activities."

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspection assessed the day centre's arrangements and governance systems in place to meet the needs of service users and drive quality improvement. The current registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was also current and displayed.

The Statement of Purpose for the day care service was reviewed and updated by the provider on January 2018. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose. However as discussed in section 6.4 the Statement of Purpose should be amended to reference that service users require the support of staff to leave the day centre due to key pad system in place, in addition the recent change in day care worker is to be updated.

Discussions with the person in charge and staff member confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A sample of staff records verified that staff had individual, formal supervision typically every three months. Staff had yet to receive their annual appraisal as it was not due yet but were aware that this process would be completed in due course.

The inspector observed staff sharing tasks and working together to support service users during the course of the inspection, with tasks discreetly delegated between the staff on duty.

There are a range of policies and procedures in place to guide and inform staff. Policies were maintained in an organised manner that was easily accessible by staff in the office and were noted to be available online also. The inspector reviewed a sample of policies and procedures, which were noted to be up to date and reviewed within three year timeframe or more frequently if changes occur (Standard 18.3 and 18.5). As previously discussed in section 6.5 the whistle blowing policy is to be updated.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and were available for inspection. The annual quality monitoring report was reviewed and noted to be compliant with Regulation 17 (1) and Schedule 3. A review of the monthly quality monitoring reports for July 2018, August 2018 and September 2018 evidenced qualitative engagement with service users and their representatives; with positive feedback provided. Monthly quality monitoring reports also evidenced that a review of the conduct of the day centre had been undertaken with action plans devised and follow up of actions required from previous visits. However as discussed in section 6.4 the monthly and annual quality monitoring reports should review the day care settings restrictive practice in place i.e. the key pad system to exit the building. The person in charge agreed to address this in discussions with the senior manager who completes the reports.

The person in charge confirmed that staff meetings are typically held at least quarterly or more frequently if needed. Minutes available for inspection identified a varied agenda, with evidence of information sharing and a focus on review of service users' needs. Minutes of the meetings held in April 2018 and August 2018 reflected advice given to staff regarding the appropriate use of personal protective equipment; health and safety awareness and sought feedback from bank and volunteer staff regarding any training needs. The inspector advised that staff meeting minutes should also reflect information shared and discussed as part of a quality improvement focus, such as specific Age NI policies, day care standards and recent relevant research/publications. Actions required should also be identified with a time frame for completion. The person in charge agreed to action this.

The inspector was advised that the organisation has arrangements in place to provide staff with training with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent changes in this area. The person in charge had received the training and this will be made available to the new member of staff and bank staff as relevant.

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

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

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

- Effective communication
- Service user involvement
- Adult Safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment

- Disability awareness

Discussion with service users, a visiting relative and staff identified no concerns regarding the service being well led.

Six service users and/or relatives returned questionnaires to RQIA. Five responses indicated that they were very satisfied that the service was well led and one response indicated that they were satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and staff meetings, quality improvement and maintaining good working relationships.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with person in charge, 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 19 & Schedule 5</p> <p>Stated: Second time</p> <p>To be completed by: 27 November 2018</p>	<p>The registered person shall improve the settings incidents, accidents and notifications record.</p> <p>The record should be a chronological record of every incident or accident in the setting or if an incident or accident happens during day care setting outings. The record should detail any incidents or accidents, what action had been taken including any action to prevent reoccurrence and detail if other professionals or agencies were informed.</p> <p>This relates to the record of the settings incident, accidents and notifications records being improved further to reflect what action had been taken to prevent a reoccurrence and details if other professionals, agencies or relatives were informed.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: all information is already in place and available on day of inspection. A revised format has been forwarded to RQIA.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 6.8</p> <p>Stated: First time</p> <p>To be completed by: 27 November 2018</p>	<p>The registered person shall ensure restraint and seclusion should be used only for controlling violent behaviour or to protect the service user or other persons; and then only as a last resort when other less restrictive strategies have been unsuccessful. Any intervention used is proportionate to the risk of harm; and any situation that led to use of restraint or seclusion is subject to multi-disciplinary review, with a view to avoiding the need for such intervention in the future. Records are kept of all instances when restraint or seclusion is used, and of the review of their use.</p> <p>This relates to ensuring appropriate records are maintained for each individual service user regarding the restriction of service users leaving the setting, due to the presence of a locked door. This restrictive practice should be explicitly referenced in the Statement of Purpose, Service User Guide and during monthly and annual quality monitoring reports.</p> <p>The revised copy of the amended Statement of Purpose and Service User Guide (to include date of revision) should be forwarded to RQIA with the returned QIP.</p> <p>Ref: 6.4</p>
--	--

	<p>Response by registered person detailing the actions taken: Keypad on the external door for general security has been in place since the established of the home over 20 years ago. Age NI have a non restraint policy and servcie users can move a round the environment of the centre freely</p>
<p>Area for improvement 2 Ref: Standard 17.7 Stated: First time To be completed by: 27 November 2018</p>	<p>The registered person shall ensure there is a written policy on “whistle blowing” and written procedures that identify to whom staff report concerns about poor practice.</p> <p>This relates to the inclusion in the day care setting’s whistleblowing policy of the recognised external bodies to report concerns to if internal reporting arrangements have been exhausted and concern has not been taken seriously.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Age NI will ensure all centres have a revised policy in place. in addition the policy is available on the internal web portal for all staff to access</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews