

Unannounced Care Inspection Report 19 February 2019



Linenbridge

Type of Service: Day Care Service
Address: 20 Meeting House Road, Banbridge, BT32 3ER
Tel No: 028 4062 6773
Inspector: Maire Marley

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting that provides care and day time activities up to 60 services users Monday to Friday. The setting is divided into two sections, one area provides support and care for up to 40 service users daily who have a learning disability and the other area provides support and care for up to 20 service users daily who are living with physical disabilities.

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3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin (registration pending)	Registered Manager:
Person in charge at the time of inspection: Mr Darren Campbell	Date manager registered: Mr Darren Campbell Application received - Registration pending
Number of registered places: 60 - DCS	

4.0 Inspection summary

An unannounced inspection took place on 19 February 2019 from 9.15 to 18.00 hours.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, provision of care, involvement of service users and their relatives, leadership and management, organisation's governance arrangements, records, health and safety, and maintenance of the premises.

Five areas requiring improvement were identified and related to investigating a complaint recorded in progress records, updating identified care plans, obtaining service users signature on agreements and confirmation that an identified care review has been completed.

Service users said;

- "An excellent service, it is brilliant and it is so good to chat with people who know what you are feeling, great companionship, I have made some really good friends."
- "Always something to do and lots of choices given."
- "This is a great place; staff involves us(service users) in the decision making."
- Staff are very caring, and help to make this a relaxed calm place."

The findings of this report will provide the day care setting 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	3

Details of the Quality Improvement Plan (QIP) were discussed with Darren Clarke manager, Melvyn Purdy and Maureen Killen, assistant managers, 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 18 and 19 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 and 19 September 2017.

5.0 How we inspect

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

- record of notifications of significant events
- record of complaints
- the previous inspection report on 18 and 19 September 2017
- the RQIA log of contacts with, or regarding Linenbridge Day Care setting

During the inspection the inspector met with:

- seven service users individually
- four service users in a group setting
- the manager
- two professionals
- two assistant managers
- two senior day care workers
- four day workers

Staff were provided with ten questionnaires to distribute to service users or their relatives for completion. The questionnaires asked for service users and/or their relatives views on the service and requested their return to RQIA. No completed questionnaires were returned to the inspector within the timeframes for inclusion in this report.

The manager was requested 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 completed questionnaires were returned within the timescales for inclusion in this report.

A “have we missed you” card was left for display in the front entrance, to allow service users or relatives who were not available on the day to give feedback to RQIA regarding the quality of service. No responses were received. In addition a range of RQIA information leaflets were also left for information.

The following records were examined during the inspection:

- Care records for six service users, including assessments, care plans and review reports.
- Six service user’s agreements.
- Progress records for six service users.
- Monitoring reports for the months of November, December 2018 and January 2019.
- Records of staff meetings held in July, September December 2018 and January 2019
- Minutes of service users’ meetings for December 2018 and January 2019.
- Selected training records for staff, including staffs’ registration with NISCC.
- The Statement of Purpose.
- Service User Guide.
- Staff duty rotas for the November, December 2018 and January 2019.
- Safety records, including fire risk assessment.
- Record of notifications of significant events.
- Record of complaints.
- Audits completed.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 and 19 September 2017

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

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

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 7 Stated: First time	The registered person shall review and improve the settings statement of purpose, particular attention should be paid to the section describing the admission criterion which says service users who access this day care setting have a complex disability for example learning, sensory or physical disability that is complex in nature. The criteria for complex should be clearly defined in statement of purpose. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The statement of purpose examined on the day confirmed that the document had been reviewed and included information on the term complex care. The inspector was informed this will be reviewed on completion of the SHSCT review of day care services.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 22.2 Stated: Second time	The responsible person should put in place appropriate measures to improve the provision of supervision for the staff in this setting, that is provide individual three monthly supervision meetings with staff in compliance with this standard. Improvements in place to achieve this recommendation should be recorded on the returned QIP. Ref: 6.2 & 6.7	Met
	Action taken as confirmed during the inspection: Four records of supervision were examined and confirmed that staff were in receipt of supervision on a quarterly. In discussion with staff they confirmed that the provision of supervision had improved.	

<p>Area for improvement 2</p> <p>Ref: Standard 25.7</p> <p>Stated: Second time</p>	<p>The registered provider should liaise with the premises fire risk assessor regarding accessibility to the locker room/cloakroom associated with the physical disability day space. They should ensure that a suitable solution can be implemented to provide suitable unhindered access to this room for all affected service users.</p> <p>Ref: 6.2</p> <p>Action taken as confirmed during the inspection: Information in the returned QIP, along with a review of the premises confirmed this had been addressed, suitable locking systems were in place and had improved accessibility, the measures were satisfactory.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p>	<p>The registered person shall improve the induction for new staff so it includes a competency type of induction in keeping with NISCC's Induction Standards.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The information in the returned QIP and a review of two induction records found improvements had been made to the induction process as requested.</p>	<p>Met</p>

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.

Linenbridge day care setting is managed by Darren Campbell whose registration with RQIA is pending; the manager confirmed he had submitted to RQIA the outstanding documents requested recently to complete his application for a registered manager. Mr Campbell has been in post since September 2018 and is assisted by two assistant managers, and a team of day care support workers, support workers and a clerical officer. The manager is also responsible for a further two day centres within the Southern Trust area and time is allocated to each centre. The hours the manager allocates to Linenbridge day care setting is recorded on the duty roster.

On the day of inspection it was observed a sufficient number of staff were on duty to meet the needs of the service users. The duty roster was examined and discussion with staff established that staffing levels had improved over the past two months. Management reported that staffing levels had been problematic over the past year created mainly by staff leaving the service and some long term unplanned leave. To assist with the staffing deficit the Trust had availed of agency staff to fill vacant posts. Three agency staff were deployed on the day of inspection and had been consistently placed in the day centre and were fully familiar with the routines of the centre. There was evidence that staff on duty were sufficiently qualified, competent and experienced to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users, safety needs and the statement of purpose. The manager reported that a recruitment drive held throughout the Trust had been successful and the centre would be filling their vacant posts on completion of pre-employment checks.

Records examined confirmed that competency and capability assessments for staff who acted up in the manager's absence had been completed. The inspector spoke to two staff members who assume responsibility for the centre in the absence of the manager and they confirmed they were willing and capable to act up as and when required.

The SHSCT corporate recruitment and selection policies and procedures were in place and management confirmed that all records in regard to the recruitment process are maintained in the Trust's Human Resources department. Records of two agency staff were examined and confirmed that pre-employment information, training and identification had been received prior to the staff taking up position.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. Records pertaining to two agency staff that commenced duty in November 2018 and January 2019 were examined and confirmed a comprehensive induction had been undertaken. These staff members reported on the induction provided and verified that the programme had been completed and assisted them to understand their roles and responsibilities. The records were found to be dated and signed appropriately.

Discussions with staff revealed that the centre closed for five days to enable mandatory training programmes to be completed, additional training was provided throughout the year. A review of the staff training records found that all staff had a training and development plan in place and these documents provided evidence that mandatory training was up to date.

The day care setting had arrangements in place to identify and manage risks, there had been two reportable incidents recorded in the period since the previous care inspection, a review of the records confirmed that all accidents and incidents reportable and not required to be reported had been managed in a timely appropriate manner.

A review of settings policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

Management and staff spoke of the wide and varying range of service users' assessed needs and how working across the two settings had improved their knowledge and skills. Staff discussed the restrictions in place regarding some individuals who require additional support to ensure they remained safe. It was evident that staff were aware of their responsibility to

ensure all decisions were in the best interest of the service user and was the least restrictive to support each individual whilst assuring their safety.

It was noted during the inspection that service users responded to staff approaches positively and were accepting of their support, additionally staff presented as familiar with individual service user's needs, personality and methods of communication. Staff were observed responding to everyone in a quiet, respectful manner. Assistance when provided was discreet and it was evident that staff knew when to offer assistance that enabled participation yet ensured service users independence was promoted. This was particularly evident during observation of a bowling activity.

Service users spoken to during the inspection described the building as a secure, safe place to come to and expressed that staff were always available and willing to assist them as and when required.

The manager confirmed there were no current adult safeguarding investigations within the day care setting and was clear about their role and responsibility in the event of such an incident. Records showed that previous incidents reported to staff in the centre had been responded to appropriately, reported and followed up by the relevant safeguarding team.

Safeguarding procedures were understood by staff members who were interviewed, they confirmed that practice throughout the centre was of a high standard and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff in March 2018 and further dates had been scheduled for 2019. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the Service User Guide and in the centre's Statement of Purpose. There had been no complaints in the service since the last inspection.

The manager and other staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users and expressed their determination to promote safe practice and, if necessary, to report unacceptable practice. All staff members expressed strong commitment to their work and confirmed that the work is enjoyable and rewarding. They acknowledged that the past year had been difficult with a changing staff group and a new manager however they felt the new manager was having a positive impact and that the staffing situation had improved.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the setting, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had access to gloves and aprons as required.

It was noted that staff adhered to safe fire practices and records examined identified that a number of regular safety checks on firefighting equipment had been undertaken. The last recorded fire evacuation was undertaken in April 2018. A fire risk assessment was completed on June 2018 and there was evidence that the recommendations contained within the report had been addressed.

Discussion with staff with regards to the provision of safe care revealed the following comments:

Staff comments:

- “Very good centre, good support from the management team, they are responsive to our concerns.”
- “We are now coming together as a team.”
- “The team work hard to make this a safe centre.”
- “We are proud of our centre and that we now all work so well together.”

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives/representatives. There were no questionnaires returned within the timeframes for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care documentation, risk assessment and management, fire safety, the physical environment, staff training and support, adult safeguarding and service user involvement.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

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 and revealed the document accurately reflected the elements set out in the regulations and standards. A copy of the statement of purpose was submitted to RQIA following the previous inspection and management confirmed no changes had occurred since then. The document was reviewed in October 2018 and was found to contain the details specified in Regulation 4.

It was good to note that the service user’s guide was in pictorial form and had been reviewed in February 2018; the document was in keeping with the Regulation 5.

A review of five service users’ individual care records confirmed that these were maintained in line with legislation and standards. The records included referral information, a service user agreement, an up to date assessment of needs, including a range of risks assessments and a detailed care plan. Improvements were required in regard to two identified care plans examined; Record A should have a communication strategy in place and detail the interventions required to manage the service user’s difficulties with memory, the information in Record B’s medicine management assessment should be reviewed to ensure that the information regarding cold and hot drinks is consistent throughout the care records.

It was noted in the records examined that that several service users agreements had not been signed and did not clearly indicate if consent was given for the use of photographs.

Progress records were maintained of each service user and entries were made in response to the significance of events and were in keeping with the frequency specified by the minimum standards. An entry in one progress record related to a complaint in regard to a staff member not assisting a service user when requested. It was recorded that the named staff member spoke to the service user to explain the reason for not assisting them, however this issue should have been reported to and investigated by management in keeping with the Trust's complaint procedure. This was discussed at length with the senior management team and is an area identified for improvement. The manager agreed to investigate the incident and forward the outcome of the investigation to RQIA.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in some files examined and included the views of the service user and/or their carer and was informed by the written progress notes. It was noted in two records that that reviews had not been held for over two years with management reporting that the reviews had been cancelled by the community key workers. This is an area identified for improvement as the Day care Minimum Standard 15.3 states a formal review should be held at least once a year.

A record of the contact and involvement of families and professionals was maintained. Records examined were signed and dated. There was evidence that a regular audit of care documentation was undertaken.

During discussions staff revealed that care provided to service users within the setting was effective. They were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. Staff discussed the systems in place to ensure any updates or changes in service users' needs were discussed and shared as necessary.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner.

The Statement of Purpose and Service User Guide provided information on how to make a complaint and the importance of ensuring service users' opinions and feedback is heard and appropriate action taken.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities were maximised.

Discussion with staff, and service users with regards to the provision of effective care included the following comments:

Staff comments:

- "I believe we are a good centre and it really helps that we work across both sides of the centre as you get to know everyone and their needs."

- “I feel we have educated both groups of service users and staff, initially service users did not want to mix but now they join for different activities and chat and socialise together.”
- “It has been a struggle at times getting used to the different ways of working but you get great satisfaction when you see it all coming together.”
- “The staffing has been challenging but we know that new staff has been appointed and things are better, the managers are good at working on the floor and getting agency staff to cover

Service User comments:

- “It is really good here couldn’t be better; I really enjoy my days here and look forward to the days I am here.”
- “Staff are excellent at meeting my needs and really understand me.”
- “Dinners are great, good choice and if you change your mind or staff see you are not eating they will quickly respond and get you something else. “

Following the inspection the inspector spoke to a relative who had telephoned the RQIA to provide their views on Linenbridge day care centre.

Relative comments:

- “The staff here are marvellous, they couldn’t be better, the centre is such a success, I have absolutely no worries.”

This relative also expressed that they were pleased new staff had recently been appointed as the staffing levels had not been great over previous months.

During the inspection six care staff in total were interviewed and all expressed very positive views on the quality of service provided and on the confidence they had in the practice of their colleagues.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to referral information, assessment of needs and risk assessments, audits of records, communication between service users, staff and other key stakeholders.

Areas for improvement

Four areas of improvement were identified during the inspection of this domain and related to improving identified care plans, ensuring care reviews are held annually, obtaining signature on service users agreements and investigating an incident recorded in the daily progress notes.

	Regulations	Standards
Total number of areas for improvement	1	3

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.

The inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and to fully involve service users in decisions affecting their care and support.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Staff were observed on numerous occasions offering service users choice regarding activities, their lunch and hot and cold drinks, staff were observed assisting service users as and when necessary or directing and guiding them to where they wanted to go. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken knowledgeably about service users likes, dislikes and individual preferences.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. In discussions with several service users, they were able to identify the activities they enjoyed and throughout the day staff were observed to stimulate and encourage service users to participate in a range of activities that promoted positive outcomes for their health and well-being.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through care reviews and monthly service user meetings. A sample of the minutes of these meetings were reviewed and provided evidence of service user involvement in the decision making process. The setting provide feed-back cards for service users to comment on their dining experience and incorporates questions about the quality of food, menu choices and staff appearance. Several service users spoke of how they were involved in the decision making process and it was evident that service users had ownership of their service.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken in 2017/2018 and reported on in the Annual Quality Report 2018. The report addressed the elements as specified in Regulation 17 and it was good to note the action plan contained the timescales for completion of the identified improvements. A new improvement recently introduced was a text alert send to staff and groups of carers to alert them to upcoming events such as training or events within the centre. A carer's celebration event had been organised for March 2019 and was an opportunity for carers to learn what went on in the centre and mix and gain support from each other.

A review of the records of the monthly monitoring visits found that the views of service users and their carers were sought on each occasion and reflected in the report of the visit. The records were maintained in accordance with Regulation 28.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note the range of information available to service users and their cares.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- “You couldn’t ask for anywhere better, this is one of the best places I have ever been, never thought I would make friends here but I have and we all get on so well.”
- “The staff is fantastic you won’t find any better.”
- “I look it here and I like what we do.”
- “Staff look after me well and they are very good and kind.”
- “We are making the centre brighter with our art, It is good to see our work displayed.”

In discussion service users confirmed they enjoyed their meals and during observation of the lunch period staff were noted to supervise and assist service users in a sensitive discreet manner. One service user discussed an issue in regard to wheelchairs and with their permission this was passed to the manager who was fully aware of the issue.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

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, facilitating service users’ involvement in activities and the maintenance of records.

Areas for improvement

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

	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 Statement of Purpose for the day care service was reviewed and updated by the provider on 15 October 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.

The inspector assessed the setting's leadership, management and governance arrangements to ensure they were meeting the needs of service users. The day centre is managed by the manager who also has management responsibility for a further two day care centres within the SHSCT. The manager's registration is pending with RQIA and it was confirmed that all outstanding documentation had been submitted. In the absence of the registered manager the assistant manager or a designated day care worker assumes management responsibility and is supported by a team of support staff. There was a clear organisational structure and the management arrangements were outlined in the setting's Statement of Purpose. The duty roster detailed the hours the manager allocated to Linenbridge day care centre and indicated the person in charge in their absence.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by care staff in respect of leadership they received from the manager and senior management team. Staff also spoke of good working relationships within the team. They confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally, however they stated this would be unlikely due to the transparent working relationships that existed within the team. From the discussions with staff it was evident they enjoyed working in the day care setting and with their colleagues.

Discussion with the management team and day care workers confirmed that they had a good understanding of their role and responsibilities under the legislation. The registration certificate was up to date and displayed appropriately.

The day care setting had a range of policies and procedures in place to guide and inform staff, these are also available to staff electronically. A sample of policies and procedures examined on the day of inspection revealed that they had been reviewed within the timescales outlined in the minimum standards.

A review of staff supervision records noted that there had been an improvement in the frequency of supervision however there were some gaps due to sick or annual leave. It was good to note that dates had been set for the forthcoming quarter. Annual appraisals had been completed. Staff consulted on the day confirmed that supervision was supportive and spoke of the difficulties fitting supervision in for the fore mentioned reasons.

The complaint records maintained by the day care setting evidenced that there had been no complaints since the previous inspection in December 2017. One incident was highlighted from progress notes as discussed in 6.5 of this report. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager.

There was evidence that regular staff meetings were held and records of the meetings were maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care. During discussion with staff they spoke of missing some staff meetings due to guide help duties on the buses, these comments were passed to management who agreed to review the roster to ensure staff were rotated to enable everyone to attend a staff meeting more frequently.

The inspector discussed the measures in place in relation to promoting equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. It was confirmed that no issues regarding equality had been raised by service users to date.

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

- effective communication
- service user involvement
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information. A range of policies and guidance was in place to direct and guide staff.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. It was confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

The inspector confirmed there was evidence of the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and were available for inspection. These included health and safety audits, audits on care records, staff training, supervision, NISCC registration.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these were mainly unannounced visits. Three quality monitoring reports were sampled for November and December 2018 and January 2019. The reports were found to be satisfactory and adhered to the elements specified in Regulation 28.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff support systems, annual satisfaction surveys, quality improvement and maintaining good working relationships.

Areas for improvement

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

	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 Darren Campbell, manager, Melvyn Purdy and Maureen Killen, assistant managers 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	
Area for improvement 1 Ref: Regulation 24 (3) (8) Stated: First time To be completed by: 31 May 2019	<p>The registered person shall ensure:</p> <p>a. The identified complaint is investigated in accordance with the SHSCT complaint policy and procedures.</p> <p>b. The outcome of the identified investigation should be submitted to RQIA.</p> <p>Ref. 6.5</p> <p>Response by registered person detailing the actions taken: Identified complaint has been investigated in line with SHSCT complaint policy and procedures. Registered manager has met with complainant and can confirm they are very satisfied with the outcome and service received. A copy of this outcome will be sent directly to RQIA by 31/05/19.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 5.2 Stated: First time To be completed by: 31 May 2019	<p>The registered person shall ensure improvements identified in regard to the two care plans as detailed in section 6.5 of this report has been addressed.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: These care plans have been reviewed and required improvements made. Training has been organised for staff from the ABIRT (Brain Injury Team).</p>
Area for improvement 2 Ref: Standard 3.2 Stated: First time To be completed by: 31 May 2019	<p>The registered person shall ensure that service users agreements are signed and dated and include if consent to photography is provided.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All Service User agreements / consent to photography will be reviewed, signed and dated by 31/05/19.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</p>	<p>The registered person shall ensure each service user has an annual care review.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Any outstanding Service User annual reviews have been highlighted to Community Team Leaders. Ongoing discussion between Head of Service for Day Services and Head of Services for Community Teams regarding timely completion of Annual Care Reviews by Community Case Managers. In the interim period Day Care will complete an annual review specific to Day Care in the absence of an Annual Care Review.</p>

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



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