

Unannounced Care Inspection Report 6 and 7 December 2018



Mica Drive Day Services incorporating Fallswater Day Centre

Type of Service: Day Care Service
Address: 1a Mica Street, Belfast, BT12 7BQ
Tel No: 028 9504 2800
Inspector: Marie McCann

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 with 81 places that are spread across two sites. Mica is the main site of the two and Fallswater, the other site is located close to Mica. The day care settings provide care and day time activities for adults living with a learning disability who may also have a physical disability, sensory disability, autism, mental health needs, behaviours which challenge and/or dementia.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager: Maria O'Hagan
Responsible Individual: Martin Joseph Dillon	
Person in charge at the time of inspection: Maria O'Hagan	Date manager registered: 22 June 2012
Number of registered places: 81	

4.0 Inspection summary

An unannounced inspection took place on 6 December 2018 at Mica day centre from 09.00 to 17.00 and 7 December 2018 at Fallswater day centre from 09.00 to 13.15.

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 staff induction, training, risk management, adult safeguarding, infection prevention and control, and the day centre's use of person centred care records and reviews. Further areas of good practice were also identified in regards to the culture and ethos of the day care setting, listening to and valuing service users, governance arrangements, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified regarding the completion of care records at least every five attendances.

Service users' 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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Maria O'Hagan, Registered Manager, and the assistant managers of both day centres, 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 22 and 23 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 and 23 August 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:

- The registration details of the day centre
- Information and correspondence received from the registered manager and BHSCT
- Incident notifications which revealed 10 incidents had been notified to RQIA since the last care inspection on 22 and 23 August 2017
- Unannounced care inspection report and quality improvement plan from 22 and 23 August 2017

On the 6 December 2018 the inspector met with the registered manager, the assistant manager, five day care workers, an administrator, eight service users and a service user's relative in the Mica day centre. On the 7 December 2018 the inspector met the assistant manager of the Fallswater day centre, a day care worker and made introductions and greeted nine service users and had more detailed discussions with two service users.

The following records were examined during the inspection:

- Five service users' care records
- Two staff induction records
- A sample of service users' daily records
- Staff training matrix
- A sample of staff supervision and appraisal information
- Two staff competency and capability assessment records
- The day centre's complaints/compliments from August 2017 to 7 December 2018
- Staff roster information for November 2018
- Fire safety precautions for both settings

- A sample of minutes of staff meetings for August 2018, October 2018 and November 2018
- A sample of the day centre's record of incidents and accidents from March 2018 to November 2018
- A sample of monthly quality monitoring visit reports from January 2018 to October 2018
- Annual Review of Quality of Care Report
- Complaints Policy, March 2017
- The Statement of Purpose, November 2018
- Service User Guide

At the request of the inspector, the registered manager was asked to display a poster within the setting. The registered manager agreed that this information would be shared across both settings. 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; four questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the setting 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 setting.

The inspector would like to thank the registered manager, assistant managers, service users, relatives and staff for their support and co-operation throughout the inspection process

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 and 23 August 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 22 and 23 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 9.5 Stated: First time To be completed by: 18 October 2017	The registered person shall review service users' access to hydrotherapy and the busses in this setting so service users are enabled to participate in the activities of their choice by provision of equipment, aids and support from others, including the use of other community facilities.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager highlighted that service users' access to hydrotherapy and the bus service had been reviewed following the previous care inspection. The registered manager confirmed that the provision of hydrotherapy to service users was based upon individual assessment by physiotherapy staff who would determine the therapeutic appropriateness of such an intervention. While the registered manager expressed a preference for an additional bus for the day centre, it was confirmed that service users continue to have effective access to a bus and a people carrier service at present. In regards to existing transport services, it was noted that a transport manager has been appointed for each day centre who meets regularly with the registered manager. The registered manager advised that such meetings helped to facilitate regular and effective review of such service provision to service users.	

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 care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centres.

The day centres have a human resources (HR) department which oversee the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The registered manager described the staffing levels which have been assessed as necessary to provide a safe service in both settings. The sample of staff rota information reviewed was noted to be consistent with the staffing levels described. Records showed the number of staff working each day and the capacity in which they worked. A detailed daily rota was also maintained to identify the roles and responsibilities for staff working each day. Discussions with staff during the inspection verified that there were sufficient numbers of staff to meet the needs of service users. Staff feedback concerning staffing levels in the Fallswater day centre was shared with the registered manager and assistant manager who advised that a review of staffing levels is a continuous process as service users' needs change and new service users join the day centre. Assurances were provided to the inspector by the registered manager that at all times, sufficiently qualified, competent and experienced persons are working in both centres to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

The registered manager and staff advised that the day care setting's staffing arrangements have been supported by a number of agency staff. There was importance placed on ensuring that the same agency staff were booked on a regular basis in order to promote consistent care delivery to service users and familiarity between them and staff.

The inspector reviewed the induction records of two recently recruited staff in the Mica day centre. Staff were noted to have received an induction in the day centre, a corporate induction and were also in the process of completing the Northern Ireland Social Care Council (NISCC) Induction workbook. The inspector advised that the completion of the NISCC induction workbook should be undertaken in a timely manner. The inspector also highlighted the importance of ensuring that staff sign induction records to confirm completion of each stage of the induction process as they are completed.

Discussion with staff on the day of inspection provided assurances that the day centre's induction process provided them with the appropriate knowledge and skills to fulfil the requirements of their job role. Staff confirmed that they also shadowed experienced staff as part of their induction process. The registered manager described the importance placed upon ensuring staff and service users becoming familiar with each other during the induction process.

In addition, staff were required to be fully aware of each service user's care plans and risk assessments, to ensure that safe and effective care was delivered.

A competency and capability assessment had been completed for the person who was in charge of the day centres in the absence of the registered manager and this was noted to be satisfactory.

The inspector viewed the day centres system to ensure that all staff receive appropriate training to fulfil the duties of their role. A training matrix is maintained that enables the registered manager and assistant managers to monitor and review compliance levels in relation to training and updates which have been completed as part of a rolling programme of training. The inspector reviewed the training matrices, which confirmed that the majority of mandatory training had been completed; with dates arranged for any update training now due.

Discussion with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. Staff confirmed training was ongoing and that they had further training opportunities in addition to mandatory requirements. Some training available was specific to individual service users or would provide the staff with additional skills to improve the learning opportunities and activities provided for the service users. Examples given included: 'I can cook' which is an activity programme that is now provided to service users with the goal of enabling service users to plan and prepare healthy meal options; reminiscence and dance.

The day care settings governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents on an electronic system which is then reviewed and audited by the registered manager and the BHSCT governance department. A paper record is also maintained of all incidents and accidents and these had been audited on a monthly basis by management.

A review of a sample of the records evidenced that the incidents had been managed appropriately and effectively documented with safety issues and risks being identified and actions taken to minimise risk of reoccurrence. Discussions with the registered manager, assistant managers and staff collaborated that there is a transparent learning culture within the setting, in which incidents are reviewed and reflective practice is encouraged to consider any lessons learnt or review how to improve the day care experience for service users.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the registered manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Restrictive practices were discussed with the registered manager and it was identified that some service users wear lap belts while using their wheelchair and that several service users require the support of one staff member at all times. The registered manager advised that any restrictive practices are assessed by the multi-disciplinary team to ensure that they are proportionate, necessary and in the best interests of service users at all times. The registered manager advised that she has been in liaison with the Behaviour Support team to request timely review of specific support plans. It was agreed that the registered manager would continue to highlight the need for timely reviews in collaboration with the service user, next of

kin as appropriate and the multi-disciplinary team. A record should be maintained of these requests in the service user's records. The registered manager agreed to action this.

The inspector noted that the Fallswater day centre service users' care review template included a commentary on any human rights considerations that apply to the time spent by service users within the day centre. It was agreed with the registered manager that the same document used within the Mica day centre should also include this information.

Discussion with the registered manager and review of records confirmed that there had been several adult safeguarding referrals made to the BHSCT since the last care inspection following concerns identified by staff regarding a number of service users' wellbeing in the community. This evidenced that staff were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

In addition, discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

Observations of the environment in both day centres concluded that it was clean and tidy. Both centres were decorated for Christmas and the walls displayed the art and craft work of service users.

Discussion with the registered manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included availability of supplies of liquid soap and hand towels mounted on the wall, foot pedal operated bins and effective access to gloves and aprons as required. The registered manager agreed to replace the seven step hand hygiene notices positioned at wash hand basins within the Mica day centre which had been removed by a service user. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

Records examined identified that monthly and weekly fire safety precaution records were maintained. Both centres undertook two evacuation drills in 2018 to ensure services users could exit the building safely in the event of a fire. A fire risk assessment was completed in the Mica day centre on 24 January 2018 with a review date due January 2020. The fire risk assessment for the Fallswater day centre was completed on 21 January 2018 with a review date due 21 January 2020. Action plans arising from these risk assessments have either been addressed or placed on the BHSCT risk compliance spreadsheet for action.

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

Service users' comments:

- "We are very safe here."

Staff comments:

- "Management are very good at trying to source additional training if we request it."

Relative's comments:

- “Would give the place 10 out of 10.”
- “Xxxx really enjoys coming here.”
- “I feel xxxx is very safe here.”

Four service users and/or relatives returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, risk management, adult safeguarding, infection prevention and control, and the day centre’s environment.

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

6.5 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 is outlined within the Statement of Purposes and Service User Guides. Service users had access to an easy read format of the Service User Guide with written and pictorial information. Observations throughout the inspection confirmed that the day care settings were providing care in accordance with their Statement of Purpose.

Five service users’ individual files were inspected across both settings. They contained referral information; service user agreements, relevant multi-disciplinary assessments; communication and behavioural support plans, transport assessments; manual handling assessments and continence support plans as applicable. It was positive to note the completion of Health Matters action plans which clearly identified the support required by each service user to keep them safe and healthy and also personal place mats which provide important information to ensure meal times are safe, successful and pleasurable. In addition, the day care setting’s service user agreement was noted to be written in an individualised and easy to read format.

The service is to be commended on the development and use of person centred plans, which provided comprehensive and holistic information regarding what is important to service users, communication support plans, what staff need to know to support service users, hopes and dreams for the future and goal setting.

Documents were noted to be signed by service users, as appropriate, to evidence consultation with service users and reflect their agreement. Service users had access to an initial and annual day care review. The inspector observed a service user telling other service users that they were attending the day centre for a six week trial period and the service user would make

the decision at the end of that period about whether they wished to continue to attend the day centre. It was evident from this observation that the service user was empowered by this process which enabled them to make an informed decision regarding attending the day centre.

A number of review records evidenced the completion of a preparation meeting with a service user prior to their care review. This practice was discussed with the registered manager and it was agreed that it was a beneficial process, especially for those service users who require support with their communication needs, as it ensures they have the necessary space and time to be consulted regarding their day care experience. It was noted that the review documentation used is individualised on occasions to meet the specific requirements of the service users' review process. The inspector advised that on these occasions, the review documentation should also be reviewed to ensure it also reflects the outcomes of the meeting, actions agreed and signature of all in attendance or reason given for a service user not signing the document. The registered manager agreed to review the use of this document in collaboration with all service users.

Discussion with the registered manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Staff stated that there was effective communication with each other and the management to ensure that safe and effective care was provided to the service users. Staff reported that if there was a change in a service user's needs or important information about service users had to be shared, it would be recorded for staff to read and sign.

Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and the multi-disciplinary team. The inspector noted that liaison with others on behalf of service users was evidenced within the settings care recording system. Liaisons were timely and effective and contributed to the safety and wellbeing of service users in the day centre and in the community. The inspector advised that the timing of such contacts occurring should be documented in order to provide a contemporaneous and accurate time line. The registered manager agreed to address this. However, care recording by staff for every five attendances had not been maintained within several of the care records inspected. An area for improvement was made in this regard.

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

Service users' comments:

- "Staff are great."
- "I love it here; staff are very good and always help you if you need it."
- "I can tell staff if there is something wrong, they will listen."

Staff comments:

- "We are updated on any change in service users' needs and know to read/review assessments such as Speech and Language Therapy assessments."

Relative's comments:

- “There is good communication between the staff and myself, they keep me updated.”
- “All staff are very approachable....Never had to make a complaint but would feel very comfortable approaching staff if I had any issues.”

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

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection with regards to the completion of care records at least every five attendances.

	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.

Service users were assisted to remain as independent as possible and were also observed moving freely around both settings. Doors in both settings were fitted with push button activated opening devices which enabled service users in self-propelled wheel chairs or those with reduced mobility to move freely around the setting. The introduction of the push button operated doors were also explained to service users with the aid of easy read instructions and posters to enable service users with operating them.

The development and use of easy read information was noted to be widespread across the settings and covered a diverse range of topics, such as: how to use your mobile phone, choking awareness, fire safety and a service user induction booklet. During the inspection a large number of service users demonstrated an awareness of the role of RQIA and what to expect from an inspection; this appears to have been achieved from the display of a number of easy read posters placed around the centre and the promotion of a rights based service which is advocated by the management team and staff. This resulted in a number of service users actively approaching the inspector to discuss their experience in the day centres.

The inspector met with two service users who represented the day centres in larger BHSC groups such as the service user group Tell it like it is (TILII group) and the User Council Forums. The service users spoke with pride and confidence regarding their role in these groups. Service users could also choose to attend the good communication group (GIG) which is open to all service users, carers and staff within the BHSC area who are interested in supporting inclusive communication with adults who have a learning disability.

Service users who did not engage with the inspector or verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were observed communicating with service users providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and expectations. A range of effective communication tools were noted to be used with service users including talking mats, pictorial schedules, signing, symbols and pictures to support decision making and involvement. There was also evidence of effective liaison with BHSC interpreting services for those service users whose first language is not English.

Discussion with service users provided positive feedback and several service users noted how staff at the centre provide them with encouragement and support to promote their independence. Service users discussed how staff had supported them to learn how to use a new transport system in the community, giving them the confidence to use the transport system independently. In addition, a number of service users had the opportunity to display their art work in local art gallery. The day care setting also consulted service users regarding the days they wished to attend during holiday periods such as Easter and Christmas which the assistant manager advised had arisen from service users identifying that they would like to have a rest over the holiday period.

Observation of a service user meeting on the day of inspection provided evidence of a culture of asking questions and acting on feedback. Service users were clearly involved in the meeting and with the support of the staff member, the service users directed the pace of the meeting and could freely input into the agenda of the meeting. A review of a sample of service user meeting minutes for both settings noted that the record of minutes varied depending on the service user group. The inspector advised that the templates for recording minutes of the meetings should be reviewed to ensure they include action plans, with timescales, who is responsible for actions and provided in an easy read format for service users.

Service users are enabled and supported to engage and participate in meaningful activities and social events inside and outside the day centre. The registered manager described a number of improvements that have been made and that are in the process of being made to increase the opportunities for new activities for the service users. These included the provision of a sensory trolley in each setting, access to iPads, a new karaoke machine and introduction of Clevertouch, which is a large interactive board with numerous applications for service user activities.

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

Service user comments:

- "We are given choice on everything."
- "We went to Christmas dinner in the Glenowen; it was great."

Staff comments:

- “Service users are given choice about everything, it is their centre.”
- “It’s important to us that service users engage in activities they enjoy and that they have outings on a regular basis and integrate in the local community.”

Relative’s comments:

- “I know xxxx is happy coming and so I’m happy.”

Four service users and/or relatives returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided was compassionate.

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

The registration certificate was up to date and displayed appropriately. The registered manager has worked collaboratively to date with RQIA as appropriate.

There was a clear organisational structure and this information was outlined in the day care setting’s Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the registered manager confirmed that she had a good understanding of her role and responsibilities under the legislation. The registered manager is in the process of applying for registration of Fallswater day centre as a day centre separate from Mica day centre.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the assistant managers and registered manager.

A complaints record was maintained in both settings. There had been one complaint recorded since the previous inspection, which had been managed appropriately. Discussions with staff confirmed that a robust complaints management process is in place within the setting which is overseen by the BHSCT complaints department. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose. A monthly audit of the complaints is undertaken as part of the monthly monitoring visit.

It was confirmed in discussions with the registered manager and staff that the settings have a comprehensive range of policies and procedures which could be accessed by staff in either hard copy or electronic format on the BHSCT staff web site.

Monthly and annual quality monitoring reports are completed by the service and were available for inspection. These records demonstrated that at appropriate intervals there was evidence of monitoring, auditing and reviewing of the effectiveness and quality of care delivered to service users. The day care setting's annual report was available for April 2017 to March 2018 and discussed matters as included in day care regulation 17 (1), Schedule 3. The inspector requested that the annual report was amended to reflect the use of practices which may be deemed as restrictive as discussed in section 6.4. The amended annual report was forwarded to RQIA post inspection and was noted to be satisfactory.

The regulation 28 monthly quality monitoring visits were available to be examined since the last inspection, with the exception of November 2018 which was forwarded to RQIA following the inspection. The visits were a mixture of announced and unannounced visits and were undertaken by another day care manager who was knowledgeable about the day care setting.

Four quality monthly monitoring reports were sampled for the period August 2018 to November 2018. The reports evidenced engagement with service users, relatives and service users' representatives regarding the quality of the service provided. A review of the conduct of the day centres was also undertaken with development of an action plan, timescales for completion and by whom. It was also agreed that any restrictive practices which were agreed as part of individual service user assessments and care plans would be reflected in the monthly quality monitoring report to evidence that they were considered and reviewed on a regular basis.

Discussions with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision/appraisal processes and an open door policy for discussions with the management team. A review of a sample of records verified that staff received a number of individual supervision sessions and an annual appraisal as required in the day care standards.

The registered manager confirmed that staff meetings were typically held on a monthly basis. A review of a sample of minutes of the meetings evidenced that there was a learning and quality improvement focus for the meetings. They included a review of service users' needs and sharing of relevant information such as: learning alerts from the Department of Health, and social care trust guidance on hearing loss in adults and dementia, easy read NISCC standards and codes of practice, and the BHSCT corporate plan to be shared with service users.

The inspector discussed the recent development of the NISCC website to include an adult social care learning zone; the registered manager agreed this may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centres. The registered manager and assistant managers advised that they would review this resource and share with the staff team as appropriate.

The inspector was advised by the registered manager that all staff had received training with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent legislative changes and how this related to their role.

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 registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the 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 and support 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 service user's relative and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Staff comments:

- "We are updated on any change in policies at team meetings and if you miss a team meeting you have to ensure the minutes are read."
- "There is good teamwork and communication between all the staff."
- "Management are approachable and will listen if you raise any issues and will address if it's in their power to do so."

Four service users and/or relatives returned questionnaires to RQIA. Three respondents indicated that they were very satisfied and one respondent 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 appraisal, management of complaints and incidents, 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 Maria O'Hagan, Registered Manager, and the 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 Settings Minimum Standards, 2012

Area for improvement 1 Ref: Standard 7.5 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that when no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In response to this area of improvement, the Manager has devised and implemented a weekly plan to record and measure the frequency of PARIS entries. These entries will be carried out by the appropriate band 5 and band 3 Day Care Workers responsible for each group in Mica and Fallswater centres.</p> <p>In the absence of the band 5 Day Care Worker, another staff member will be identified to maintain the weekly record.</p> <p>The record will then be checked and signed off by a member of the management team and the responsible staff member.</p> <p>This system will provide ongoing regular governance of this standard.</p>

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



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