

Unannounced Care Inspection Report 4 and 5 December 2018



Drumross Adult Centre

Type of Service: Day Care Service
Address: 81 O'Neill Road, Newtownabbey, BT36 6UN
Tel No: 028 9084 9632
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

Drumross Adult Centre is a Day Care Setting with a maximum of 80 places that provides care and day time activities for adults living with a learning disability who may also have a physical disability, sensory needs, autism, mental health needs and support with behaviours which may challenge.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)	Registered Manager: Sarah Forde
Responsible Individual: Anthony Baxter Stevens	
Person in charge at the time of inspection: Sarah Forde	Date manager registered: 23 June 2016
Number of registered places: 80	

4.0 Inspection summary

An unannounced inspection took place on 4 December 2018 from 09.00 to 17.00 and 5 December 2018 from 08.30 to 10.00.

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 and variation inspections 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 management, adult safeguarding, infection prevention and control, risk management and the day centre's environment. Further areas of good practice were also noted in relation to care records, audits and reviews; communication between service users, staff and other key stakeholders; the culture and ethos of the day care setting; governance arrangements; quality improvement and maintaining good working relationships.

Two areas requiring improvement were restated for a second time in regards to the induction process for staff and the use of the standalone sectional building.

Service users were asked to describe what they felt about the service; they gave positive feedback about the service and what it meant to them, for example:

- "It's fun."
- "I like it here."
- "I have been coming here for years the staff are great."
- "Can't wait for jump, jingle and jive, it's on later."
- "I can talk to staff if I'm worried."

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Sarah Forde registered manager and acting facility lead, 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 17 and 18 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 and 18 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 by RQIA since the last inspection.
- Incident notifications which highlighted that 10 incidents had been notified to RQIA since the last care inspection on 17 and 18 August 2017.
- Unannounced care inspection report and QIP from 17 and 18 August 2017 and premises inspection on 11 April 2018.

During the inspection the inspector met with the registered manager, the acting facility lead, nine staff, two visiting professionals and four service users' relatives. The inspector greeted six services users in the group setting and engaged with them to obtain their views about this day care setting.

The following records were examined during the inspection:

- Two service users' care records, including a sample of activity records.
- A sample of service users' daily records.
- Two recently recruited staff induction records.
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments record from August 2017 to November 2018
- Staff roster information for October 2018.
- Fire safety precautions.
- A sample of minutes of service users' meetings from September 2017 to November 2018.
- A sample of minutes of staff meetings from June 2018 to October 2018.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from January 2018 to August 2018.

- The Statement of Purpose, July 2018.
- Service User Agreement.

At the request of the inspector, the registered manager 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; one questionnaire was 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 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 registered manager, the acting facility lead, service users and their 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 met or partially met.

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 announced variation inspection dated 11 April 2018

The most recent inspection of the establishment was an announced variation premises 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 17 and 18 August 2017 and from the announced variation inspection dated 11 April 2018

Areas for improvement from the last care inspection dated 17 and 18 August 2017		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.7 Stated: First time	The registered person shall improve the record of staff working each day. The record should include who is in charge of the centre and satellite setting, particularly when the manager is absent.	Met

	<p>Action taken as confirmed during the inspection: A sample of the day centre's rota viewed by the inspector evidenced that the record was improved to include who is in charge each day, the staff name and designation and number of hours worked. The inspector requested that the rota was further amended to include the specific working pattern of staff, namely, the start and end time of each shift worked. The updated rota was forwarded to RQIA post inspection and was satisfactory. In addition, the setting had maintained a lunch rota and a bus rota which clearly reflected the staff role and responsibility in this regard each day.</p>	
<p>Area for improvement 2 Ref: Standard 21.1 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 the Northern Ireland Social Care Council (NISCC) Induction Standards.</p> <p>Action taken as confirmed during the inspection: The inspector noted that some improvement had been made to the setting's induction for new staff. The setting had utilised the NHSCC departmental induction checklist which evidenced the staff had reviewed a number of policies and procedures such as the organisation's whistle blowing policy and complaints policy. However, this checklist did not include a review of the organisation's adult safeguarding policy. In addition, while the NISCC codes of practice were discussed with staff, a further review of the induction for new staff is still required to reflect a competency type of induction in keeping with the NISCC induction standards. This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p>	<p>The registered person shall put in place arrangements to review the following areas of the setting:</p> <ul style="list-style-type: none"> • The use of the group room named the big room for the purpose of this inspection should be reviewed and improved; • The space in the setting for new service users coming into the setting should be reviewed <p>The review of these areas should include the staff views, experiences and observations regarding safe, effective, and compassionate care.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector was advised that the following action has been taken to address this area for improvement, namely:</p> <ul style="list-style-type: none"> • Consultation was undertaken with staff, service users regarding their experience of using the big room and relatives to gather their views. • A review of service user activity timetables was undertaken which ensured that at various times a number of service users were out of the room to attend other activities. • Staff were provided with smaller desks and service users' tables were changed from square to circular which provided more space. • Room was decluttered and better use made of storage space. • A request has been made by the registered manager for partitions to be installed in the room in order to reduce noise and create separate spaces. This work is currently pending. • Four service users are in the process of moving to another available space within the day centre. <p>The inspector is satisfied based on the information provided that this area for improvement has been met.</p>	<p style="text-align: center;">Met</p>
--	---	---

Areas for improvement from the last announced variation inspection dated 11 April 2018		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time	The registered person shall seek guidance from the Directorate of Legal Services to ensure that any planned arrangement to use the standalone sectional building for an individual service user does not require action under Deprivation of Liberty.	Partially Met
	Action taken as confirmed during the inspection: Feedback given to RQIA indicated that some discussions had been undertaken and is in progress between the NHSCT and the Directorate of Legal Services in relation to this matter. However an agreed outcome is yet to be achieved. This is discussed further in section 6.4. This area for improvement has been partially met and is stated for a second time.	

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 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 care centre.

Discussions with staff identified that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. However, a staff member noted that several care staff were recently deployed to another day care facility and they felt this has the potential to impact on the activity programme provided to service users. This issue was discussed with the registered manager and acting facility lead who advised that a staff recruitment process is currently ongoing. Assurances were provided to the inspector by the registered manager that at all times sufficiently qualified, competent and experienced persons are working in the centre 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 further confirmed that as required, the management team would support staff in the provision of care and support to service users. The registered manager and staff advised that the day care setting staffing arrangements were being supported by a number of agency staff. The registered manager assured the inspector

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.

Observation and discussion with the staff revealed that they were supportive of the agency staff and promoted open and supportive communication opportunities to ensure the team worked well together. Staff feedback evidenced that this promoted improved outcomes for service users, and helped new or less experienced staff grow in confidence and knowledge so that they can safely and effectively care for service users in the setting.

The registered manager confirmed that staff employment records were held within the NHSCT human resources department and that all appointments made were in keeping with the Trust's policy/procedures, legislation and day care standards.

On the day of the inspection, the discussion with staff and observations of the staff supporting service users did not highlight any areas for improvement regarding their practice. Staff described an effective induction process which included shadowing experienced staff, reading service users' care records, and getting to know service users and familiarise themselves with the service user's needs. The registered manager and staff also described that the duration of the induction process was determined by the level of confidence and competency of the staff member. However, the review of induction records for two new staff who had commenced in the setting since the last inspection did not fully evidence this process. The inspector advised that the induction record should evidence that new staff were introduced to safe practices and procedures in the setting, including the adult safe guarding procedures. The induction records should also reflect a competency type of induction in keeping with NISCC's Induction Standards, with both parties signing to confirm satisfactory completion at each stage of the induction. An area for improvement has been restated in this regard.

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 they had training opportunities over and above mandatory requirements; some training available was specific to individual service users. Examples of additional training provided included: dysphasia awareness, epilepsy awareness and epilepsy medication training, heart start and diabetes awareness. In addition, compliance with mandatory training for agency staff was monitored in conjunction with the respective agency and agency staff could access relevant service user specific training while working in the day care setting.

The day care setting's 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, the senior manager and the NHSCT governance department. A paper record was also maintained of all incidents and accidents and these had been audited on a monthly basis by management. The review of a sample of the records for November 2018 evidenced that those incidents had been managed appropriately and effectively documented, with safety issues; risks and actions taken to minimise risk of reoccurrence being identified.

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.

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, while in the day centre and during outings. 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. The registered manager identified how staff help to redirect and support a service user if their behaviour indicated that they were at risk of self-harm. The registered manager confirmed that staff are aware of the need to use the least restrictive measures for each individual. The inspection confirmed that staff responses to behaviour remain focused on de-escalation of behaviour or risk and on protecting service users' personal safety.

The registered manager advised the importance placed on regularly reviewing any restrictive practices to ensure that they are proportionate, necessary and in the best interests of service users at all times. It was agreed that this review should be conducted in collaboration with the service user and/or next of kin as appropriate, along with the multi-disciplinary team. The inspector recommended that the setting's service user care review template is amended to include commentary on any human rights considerations or deprivation of liberty factors that apply to the service user's time within the day centre. The registered manager agreed to action this.

It was positive to note that senior management have been in contact with the Directorate of Legal Services regarding the use of a standalone sectional building. However there was no confirmation that specific consideration of potential deprivation of liberty factors has been fully considered and actioned, as appropriate. An area for improvement has been stated for a second time in this regard.

Discussion with the acting facility lead further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. A review of records and discussion with the acting facility lead confirmed that there had been a number of adult safeguarding referrals made to the adult safeguarding team since the last care inspection which had subsequently been screened out under existing adult safeguarding procedures. Staff spoken with during the inspection demonstrated that they were aware of their role and responsibility in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Observations of the environment concluded that it was clean and tidy. 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 seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

Records examined identified that a number of daily, weekly and monthly safety fire precaution checks was undertaken. It was noted that the last full evacuation drill was undertaken on 9 March 2018. The inspector advised that the fire evacuation drill records should be improved to reflect the duration of the drill, and any outcomes and actions required and taken. A fire risk assessment was completed on 2 August 2017 and amended on 9 April 2018 with a review date set for April 2019. Following the inspection, the acting facility lead confirmed that a fire risk assessment was completed on 6 December 2018 with no actions required.

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

Staff comments:

- “We receive mandatory training and you are unable to support a client unless you have had the appropriate training, such as epilepsy training.”
- “RESPECT training is very important to develop early intervention/de-escalation strategies, knowing the client well helps with this.”
- “The induction process is very good; you are given time to read service users’ assessments and care plans, shadow experienced staff and develop a rapport with service users before you work one to one them.”
- “Long term staff will also have an induction process before going to work with different service users.”

Relatives’ comments:

- “I know xxxx is safe here.”
- “Xxxx loves coming to the day centre, I know she enjoys it and is happy.”
- “I would trust them (staff) all.”
- “The place is amazing.”
- “Staff are very well trained.”
- “I couldn’t speak highly enough about the place.”

Visiting professional:

- “When I have had to speak to management if equipment needs fixed, they always address it very promptly.”

One relative questionnaire was returned to RQIA. The respondent indicated that they were very satisfied that care provided to service users was safe.

Areas of good practice

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

Areas for improvement

Two areas for improvement have been restated for a second time in relation to staff induction records and the use of the standalone sectional building.

	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.

Two service users' individual files were inspected. They contained referral information; relevant multi-disciplinary assessments; communication and behavioural support plans, manual handling and transport assessments; epilepsy management plans; activity plans and care plans. Care plans were noted to be comprehensive, person centred and holistic and included service users' goals and personal objectives. Documents were signed by service users, as appropriate, which evidenced consultation with service users and reflected their agreement. A record of the day care setting's service user agreement was reviewed and noted to be written in easy to read format for service users. The registered manager advised that a small number of service users may not have a service user agreement signed if they have been attending the centre for over ten years. The registered manager agreed that this will be addressed within the next month. Service users had access to an annual day care review. It was positive to note that a focus on important events and achievements since the last review was documented within one of the review records.

The registered manager confirmed that arrangements were in place to audit service users' care records and the audit record was evidenced within one of the care records viewed. Records were observed to be stored safely and securely in line with data protection requirements.

Discussions with the registered manager and staff concluded effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users. Staff spoke positively about the effectiveness of daily meetings to clarify roles and responsibilities for the day and obtain any necessary update regarding service users' needs. Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs and their care plans. Staff confirmed that they use service users' care records to guide their practice and therefore recognised the importance of ensuring that such records remained current and relevant.

Staff discussed how they felt care and support was effective for those who attend the day centre. They recognised that the service users were in a safe environment where they can socialise, get help from staff, engage in activities, learn new skills and go on outings. The staff said they believe these factors contribute to improvements in service user's physical and mental wellbeing.

Staff demonstrated awareness of the need to review risk assessments to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals, when agreed and as required.

Observations of staff and service users during the inspection found that staff communicated respectfully with service users. Service users were observed freely approaching staff to ask for assistance and for a chat. Staff were observed using a variety of communication techniques in accordance with the service user's communication needs.

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

Staff comments:

- “Promoting client independence is important, while also ensuring they are in safe environment.”
- “We can raise any issues with the managers and feel they would receive an appropriate response.”

Relatives’ comments:

- “Staff helped xxxx become more confident.”
- “Communication is great, staff keep you updated with everything.”
- “The communication book is great, staff write every day to let you know what xxxx did.”
- “All staff are approachable.”
- “Staff encourage and promote independence.”
- “We had an introductory visit which really helped me as a mother and xxxx.”
- “There is great communication; staff contact me to let me know any change in xxxx.”
- “Have never had to raise an issue but would have no problem doing so as manager and staff are very approachable.”

Visiting Professional comments:

- “Staff are very professional, always prepared for reviews.”
- “There is strong advocacy for the clients coming from the manager.”

One relative questionnaire was returned to RQIA. The respondent indicated that they were very satisfied that care provided to service users 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

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Observation of staff intervention with service users demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence and safety.

Discussion with staff found that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice. Staff acknowledged the need to ensure consent is obtained and that confidentiality is upheld. They discussed how they adapt their approach to ensure consent is obtained with service users who have limited verbal communication. Staff were observed to be attentive to service users and were able to understand and respond appropriately to those service users who possessed minimal verbal communication through recognition of non-verbal cues and gestures.

Staff were observed assisting and supporting service users in a sensitive manner. Discussion with staff regarding the activities they were delivering confirmed activities were person centred and tailored to meet the needs of individual service users, as well as promoting their strengths and support goals. The activity schedule for service users was being communicated to each service user in a way that was assessed as being the most effective, for example, using picture schedules and visual strategies to help support the service user remain as independent as possible during an activity. Staff also described how they helped redirect and support a service user if their behaviour indicated that they didn't want to engage in a planned activity.

Observations of service users taking part in a music activity on the day of inspection showed that participation was enthusiastic; staff assessed the need to support the service users and offered choice during the activity to enable them to be fully involved.

Staff reflected that service users "having fun was important". They described how they helped develop activity programmes for service users which were meaningful to the service user and reflected their specific interests.

In addition, staff described using a person centred approach to delivering care which supported and promoted a safe and a positive experience for service users. This included monitoring the interaction of the service users in group activities, changes in behaviour of individual service users and using subtle interventions to stop potentially distressed behaviour from escalating. Staff also provided examples of how they advocated on behalf of service users with the catering service for example, service users who required a modified diet received a varied menu choice throughout the week and service users' preferences for additional menu options were available on Fridays with the provision of chips and curry sauce.

There was evidence of good communication with service users observed during the inspection; to further enhance practice in this regard the inspector discussed the Royal College of Speech and Language Therapists Five Good Communication Standards (2013). This is a practical resource that can support service providers with recognising what good communication looks like, whether good communication is happening and which also provides useful resources to promote good communication. The acting facility lead and registered

manager agreed to review these standards to identify any best practice examples that could be implemented by the day centre.

The inspector noted that there had been five service users' meetings held since January 2018. A review of a sample of minutes evidenced that service users were consulted about activities, what they would like to see happen and regarding the change in the layout of the big room. It was positive to note that the minutes included reference to any outcomes achieved arising from actions planned.

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

Relatives' comments:

- "Staff see the person."
- "Staff are dedicated, you can feel the warmth as soon as you come in."
- "I would be lost without the place."
- "There is always something happening – great variety of activities."
- "Staff go over and above."
- "Xxxx now has the confidence to walk around the unit, engages in conversation with others."
- "Xxxx walks into the manager's office and knows she is the boss, but everyone is treated the same."
- "They always do so many activities, Drumross's Got Talent, Christmas dinner and bus outings."
- "I can't believe the eagerness of xxxx to want to come to the day centre, even when not feeling well."
- "I know over the Christmas period xxxx will really miss the day centre."

One relative questionnaire was returned to RQIA. The respondent indicated that they were very satisfied that care provided to service users 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 registered manager following inspection to correct the maximum number of service users places and include details of the Northern Ireland Public Service Ombudsman within the complaints section of the document. A copy was forwarded to RQIA following the inspection and was found to be satisfactory. 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 registration certificate was up to date and displayed appropriately.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The acting facility lead discussed the system in place to identify when staff are due to renew their registration with The Northern Ireland Social Care Council (NISCC) and confirmed that all staff are registered.

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

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by a senior manager within the organisation who demonstrated a good understanding of the setting; these included a mixture of announced and unannounced visits to the day centre. A sample of reports viewed for September 2018, October 2018 and November 2018 provided evidence the visits included engagement with service users, staff and professionals, a review on the conduct of the day care setting, audits, performance management, development of action points and review of previous action points. It was positive to note that additional audits were undertaken in relation to supervision and appraisal, service user records and NISCC registration. A review of the day care setting's last annual report highlighted that it did not include three matters which are included in Regulation 17 (1) and schedule 3. This was highlighted to the registered manager following the inspection and will be addressed in the forthcoming annual report which is due to be completed at the end of the year.

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, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions and an annual appraisal.

The acting facility lead evidenced that full staff group meetings are typically held monthly, with smaller staff group meetings for specific service user rooms held on a regular basis also. In addition to sharing information during staff meetings there was evidence of a learning and

quality improvement culture in the day centre with regular memos sent to staff and signed when read. A sample of these memos included updates following the fire evacuation drill, NHSCT whistleblowing policy, NISCC registration requirements, learning from incident and heatwave advice for service users.

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

The complaints and compliments record was reviewed. Three informal complaints were recorded since the last inspection and a large quantity of compliments. The registered manager and staff confidently described the procedure in place for recording and managing complaints and the organisation had a comprehensive complaints policy in place.

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 induction, training, supervision and appraisal process. In addition, the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The registered manager confirmed that this data is used for the purpose of developing person centred care and support plans and risk assessments.

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 relatives, staff and visiting professionals and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Relatives' comments:

- “The manager is brilliant, she is everywhere, oversees everything.”

Staff comments:

- “Management are approachable.”

One relative questionnaire was returned to RQIA. The respondent indicated that they were very satisfied that the service was well led. The respondent commented: “At all times xxxx’s rights, opinions and needs are at the forefront of everything that she is involved in. We as parents are always informed of anything relating to xxxx or the day centre and applaud the efforts made to make the placement supportive, enjoyable and relevant.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, governance arrangements, 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 Sarah Forde registered manager and acting facility lead, 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 14 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 30 January 2019</p>	<p>The registered person shall seek guidance from the Directorate of Legal Services to ensure that any planned arrangement to use the standalone sectional building for an individual service user does not require action under Deprivation of Liberty.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Informed RQIA about planned upcoming meetings and will advise RQIA of outcomes following these.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p> <p>To be completed by: 30 January 2019</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>Response by registered person detailing the actions taken: The NISCC induction workbook which consists of seven modules has been introduced across all N.H.S.C.T adult centres from January 2019 as this clearly demonstrates the evidence base of the induction process for all staff to include agency workers. The existing induction programme and checklist will continue to be used alongside the workbook to ensure a comprehensive NHSCT induction. New NHSCT staff within Learning Disability services will also participate in the 2 day NHSCT Learning Disability Induction Course. which includes for example: Vision and Values training, Care Pathway, Operational Policy, Service User experience, Positive Behaviour Support, Promoting Mental Health, Communication & Dysphagia Awareness, Staff self-care etc</p>

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



The **Regulation** and
Quality Improvement
Authority

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

 [@RQIANews](https://twitter.com/RQIANews)