

Unannounced Care Inspection Report 13 August 2018



Derg Valley Day Care

Type of Service: Day Care Service
Address: 5-7 Parkview Road, Castlederg, BT81 7BN
Tel No: 02881670764
Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This day care setting has 40 places and provides care and day time activities for adults who are over 65. Service users may have a physical disability, learning disability and/or may be experiencing mental ill health. The setting is open Monday, Tuesday and Friday.

3.0 Service details

Organisation/Registered Provider: Derg Valley Care Ltd	Registered Manager: Gladys Armstrong
Responsible Individual(s): Martin Duffy (Registration Pending)	
Person in charge at the time of inspection: Gladys Armstrong	Date manager registered: 26/08/2010
Number of registered places: 40	

4.0 Inspection summary

An unannounced inspection took place on 13 August 2018 from 09.30 to 16.05.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the environment, knowledge regarding adult safeguarding and infection prevention and control that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified in two domains as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “this is a great place to come; I would be lost without coming here”, “staff are always caring and helpful”, “the day centre is always warm and comfortable” and “the centre is a big part of my week”.

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	4	7

Details of the Quality Improvement Plan (QIP) were discussed with Martin Duffy, Provider and Gladys Armstrong, Registered Manager 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 04 July 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 July 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
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and Quality Improvement Plan (QIP)
- Pre-inspection assessment audit.

During the inspection, the inspector met with the provider, registered manager, three staff members, twelve service users and a visiting professional. The registered manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Nine service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

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 within the timescale requested.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users and relatives 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 the registered manager to be displayed in the day care setting for service users.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Fire safety risk assessment
- Fire drill records
- Staff training information
- Minutes of two staff meetings
- Minutes of three service user meetings
- Two monthly monitoring reports.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The inspector would like to thank the provider, registered manager, visiting professional, service users and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 July 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 4 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (d)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • Repaint the identified areas within the day centre (paintwork marked/chipped). • Replace the identified carpet. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. A tour of the day care setting evidenced that this area for improvement had been satisfactorily addressed.</p>		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 21.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that arrangements are in place to ensure that care workers are able to maintain their registration with the appropriate professional regulatory body. A central matrix should be developed to show the dates/renewal of care staff registration with NISCC in order to monitor staff compliance with required registration.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the provider confirmed that this area for improvement had been addressed. Evidence was made available to the inspector that this area for improvement had been satisfactorily addressed.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the minutes of service users' meetings include:</p> <ul style="list-style-type: none"> • The names of those attending; • An agenda; • The outcomes of action taken since the previous meeting; • A summary of discussions; • The action to be taken on service users' comments and suggestions and the name/s of the person/s responsible for taking action on any matters arising. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of a sample of minutes of service users' meetings evidenced that this area for improvement had been satisfactorily addressed.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the minutes of staff meetings include:</p> <ul style="list-style-type: none"> • The date of all meetings; • The names of those attending; • An agenda; • Minutes of discussions; and • Any actions agreed with responsibility for completion assigned and time frame for completion set out. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of a sample of minutes of staff meetings evidenced that this area for improvement had been satisfactorily addressed. Staff meetings are discussed further under section 6.7 of this report.</p>		

Area for improvement 4 Ref: Standard 5.6 Stated: First time	The registered person shall ensure that the care plan is kept up to date and reflects the service user's current needs.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The identified care plan had been reviewed to reflect the service user's assessed needs.	
Area for improvement 5 Ref: Standard 7.5 Stated: First time	The registered manager should ensure that when no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of three service user's care records evidenced that this area for improvement had been satisfactorily addressed.	

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.

Discussion with the registered manager, staff and service users on the day of inspection confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 4 July 2018 until 13 August 2018 evidenced that the planned staffing levels were adhered to. The review identified that an ancillary staff member's hours of work were not recorded on the staff roster. This has been identified for an area for improvement under the standards.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

Recruitment records were examined for one recently recruited care staff member. There was no evidence of reference checks available at the time of the inspection for the staff member. Evidence of a written explanation of gaps in the staff member's employment history was also not available within the personnel file of the employee. A recruitment record was not available for an ancillary staff member that commenced employment on 9 July 2018. These staff members were not recruited in line with Regulation 21 (1) (2) (3) of The Day Care Setting Regulations (Northern Ireland) 2007. This has been identified for an area for improvement under the regulations.

A contract, job description and staff induction record for the ancillary staff member were not available on the day of inspection. Review of recruitment records for the recently recruited care staff member evidenced that a contract was not available on the day of inspection. A basic induction record was available for the recently recruited care staff member. However this record was not signed by the person undertaking the induction and the record did not reflect all aspects of the staff member's role and responsibilities. These issues have been identified for areas for improvement under the standards.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the manager. Records of competency and capability assessments were retained and examined during the inspection.

The inspector reviewed a sample of staff training records. The review identified that a number of staff required update training in moving and handling, fire safety and food hygiene. This has been identified for an area for improvement under the regulations.

A number of training records did not contain the signatures of those attending the training event, a record of the content of the training or the name and qualification of the trainer or the training agency. This has been identified as an area for improvement under the standards.

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

Safeguarding procedures were understood by staff members who were interviewed and they confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Discussion with the registered manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. The registered manager also confirmed that a copy of Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures September 2016 were available to all staff. The registered manager confirmed that the organisation has in place an identified Adult Safeguarding Champion (ASC).

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 7 July 2018. Discussion with staff confirmed they were aware of the evacuation procedure.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff. There was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities.

The service users were asked if they felt safe in the day centre, the feedback from service users was they felt safe in this day care setting. The service users confirmed the furniture was comfortable and safe and they could make their way around the setting safely, lastly they confirmed there was enough staff to give them help if they needed it.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users' needs. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess 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 as required. Staff commented on the good working relationships which exist with community support services and how they can access such support for service users.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I feel very safe in the centre. Staff are always around to help me with my wheelchair."
- "In my view all is safe here and we are well looked after."

Staff comments:

- "This is a safe place for the service users and we are always here to help."
- "I have been on adult safeguarding training recently and found it very good."
- "We all work to ensure the clients have a good day and that includes keeping them safe."

A visiting professional described staff in the setting as vigilant. The visiting professional confirmed staff work well between encouraging independence and caring, and was satisfied risk assessments were being used to avoid unnecessary risks and manage risk.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment, knowledge regarding adult safeguarding and infection prevention and control.

Areas for improvement

Seven areas for improvement were identified in relation to the staffing roster, staff recruitment and selection, staff training, job descriptions, contracts, staff induction records and staff training records.

	Regulations	Standards
Total number of areas for improvement	2	5

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed.

Discussions with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Derg Valley Day Care.

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. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Staff confidently described how they would escalate any concerns and provided examples of liaison with carers and other professionals to ensure the safety and wellbeing of service users.

The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service users regarding their right to advocacy support and the role of the patient client council.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussions with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the provider or registered manager. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall it was clear the staff work together to support the service users in the most person centred way that is safe, effective and meets their needs within an open and transparent culture.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Service users gave positive feedback regarding the activities and opportunities the day centre provided for them.

Observation of practices evidenced that staff were able to communicate effectively with service users.

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

Service users' comments:

- "We get local papers in the centre and I like reading them and catching up on the news."
- "It's the best thing that has happened for me. I am much happier now coming into Derg Valley Care."
- "I am well cared for here in the centre."
- "We get a choice of lunch every day and the food is very good."

Staff comments:

- "We liaise closely with the social workers and district nurses to ensure the service users' needs are met."
- "Each client's needs are different and we care for them in that way."

Nine service users returned questionnaires to RQIA post inspection. The service users confirmed they were "very satisfied" regarding questions on "is care effective" in this setting. The service users also confirmed that they had got the right care, at the right time in the right place, staff knew their care needs, they were aware of their care plan and the care met their expectations.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

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, demonstrating active listening skills, checking understanding and service users’ expectations. The inspector observed on numerous occasions, staff offering service users’ choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. 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 with were knowledgeable regarding service users likes, dislikes and individual preferences.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as arts and crafts, bingo, puzzles, armchair exercises and games.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff interactions with service users were observed to be compassionate, caring and timely.

During discussion staff presented as knowledgeable and informed regarding each service user’s dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

Discussion with the registered manager and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 10 April 2018 and minutes were made available. The inspector noted some of the areas recently discussed during meetings included activities, menus and transport arrangements.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- “The staff are helpful and kind.”
- “I feel comfortable with the staff and they are always here to listen patiently if I have a worry.”

Staff comments:

- “My job is to ensure the clients are well cared for in a respectful way.”
- “It is important to me that the service users are happy and well looked after.”

Nine service users returned questionnaires to RQIA post inspection. The service users confirmed that they were “very satisfied” regarding questions on “is care compassionate” in this setting. The service users also confirmed that they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The Statement of Purpose for the day care service was reviewed (and updated) by the provider in May 2018. The inspector reviewed the Statement of Purpose. The Statement of Purpose needs to be reviewed to include all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007. This has been identified for an area for improvement under the regulations.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in a manner that was easily accessible by staff in the office. The provider informed the inspector that the organisation's policies and procedures were currently being reviewed.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the registered manager and effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

A review of governance records evidenced that staff received annual appraisal. A review of the supervision schedule identified that supervision had not been undertaken on a quarterly basis in line with Standard 22.2 of the Day Care Settings Minimum Standards (January 2012). This has been identified for an area for improvement under the standards. Staff confirmed that there were systems in place to ensure they received support and guidance from the registered manager.

The inspector reviewed the arrangements in place regarding staff meetings. The last meeting was held on 6 July 2018 and minutes were available. The previous staff meeting had been undertaken on 5 June 2017. Staff meetings were not undertaken quarterly in line with Standard 23.8 of the Day Care Settings Minimum Standards (January 2012). This has been identified for an area for improvement under the standards. The registered manager confirmed that the minutes of the meetings were made available for staff to consult.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A monitoring visit had been undertaken in July 2018. The previous monitoring visit had been undertaken in June 2018. The reports of the monitoring visits were not in line with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The registered person must ensure the monthly monitoring visits and reports are improved in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. This has been identified for an area for improvement under the regulations.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussions with service users, staff and the registered manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. The inspector noted that the day care setting collects equality information in relation to service users as part of the referral process. The data is used effectively to ensure that individualised and person centred care is developed. The registered manager 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 include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- individual person centred care
- individual risk assessment
- disability awareness

Discussion with service users and staff on the day of inspection revealed that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "I think this is a good centre and the staff do a good job."
- "I couldn't suggest anything you could improve here."

Staff comments:

- "Gladys is always available and ready to listen."
- "This is a very good place to work."

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation maintaining good working relationships supporting well led care in the setting.

Areas for improvement

Four areas for improvement were identified in relation to the Statement of Purpose, monthly monitoring visits, staff supervision and staff meetings.

	Regulations	Standards
Total number of areas for improvement	2	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Martin Duffy, Provider and Gladys Armstrong, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users:</p> <p>(c) ensure that the persons employed to work in the day care setting (i) receive mandatory training and other training appropriate to the work they are to perform.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>DVC has engaged an external provider (Care Plus) to deliver Mandatory training to all staff working in the day care centre including volunteers. The initial training has been planned for Tuesday 25 September 2018 and Tuesday 2 October 2018.</p> <p>A training, supervision and monitoring plan has been developed This sets out the ongoing dates for training supervision, appraisal, monitoring visits and staff/service user engagement.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall not employ a person to work in the day care setting unless he has obtained in respect of that person the information and documents specified in Schedule 2.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Senior staff have been reminded of the recruitment process to be followed either when a vacancy occurs or were an additional staff member / volunteer is sought.</p> <p>Our recruitment and selection policy has also been reviewed and updated, a new application form has also been developed and is operational from the 1 September 2018.</p> <p>The registered person will review all new employee files to verify that all necessary documentation has been received and noted.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 4 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered provider must submit a revised Statement of Purpose that includes all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 6.7</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The responsible person must ensure that:</p> <ul style="list-style-type: none"> • The monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. • The monthly monitoring reports for this setting are improved. The visits must identify the time of the visit, if the visit is announced or unannounced, monitor all of the matters as described in the day care settings standards, monitor issues identified in the RQIA guidance and report on the conduct of the setting, including compliance with regulations or standards. <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A register provider monitoring calender has been developed which sets out the dates for announced vsits, additional unannounced visits will be carried out on an ad-hoc bases.</p> <p>All future monitoring visits will be carried out in line with the matters outlined in the regulations and standards.</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure a record is kept of staff working each day and the capacity in which they worked.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>Senior staff have been reminded of the need to keep accurate daily records of staff on duty and the capacity in which they are working</p> <p>The registered person will carryout ongoing spot checks to ensure that this process is being adhered to. He will also initial and date as evidence that this check has been undertaken.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person should maintain a staff training record that clearly details the training provided to the staff. The record should specify:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event; • The date(s) of the training; • The name and qualification of the trainer or the training agency; and • Content of the training programme. <p>Ref: 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>Response by registered person detailing the actions taken:</p> <p>This information was previously recorded on the Carefree database system up until the 31 January 2018 when the domiciliary care services transferred to new providers.</p> <p>As domiciliary care was the main service it was no longer cost effective for us to use the system for day care staff, as a result we have developed an excel spreadsheet to record the information required under standard 21.8.</p> <p>Staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>We will ensure that all future newly appointed staff, prior to their commenent attend a structured induction programme which will be based on the NISCC standards. In addition staff will be introduced to other members from both the daycare and the wider Derg Valley Care organisation. They will also be given a tour of the building.</p> <p>New staff will sign an induction / orientation document as evidence that they have received the necessary induction. This will be noted on the training spreadsheet and a copy inserted in their personal file.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person should ensure that staff meetings take place on a regular basis and at least quarterly.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p> <p>We will ensure that staff meetings take place on a quarterly bases. These dates have also been noted on the register provider monitoring template which will be displayed in the day care managers office.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p> <p>The process for ensuring supervisions have been carried out has been updated to ensure that supervisions are carried out in a timely manner and are within the required three month periods. Records will be kept in staff personal files as well as the excel spreadsheet.</p> <p>The register provider will also undertake ad-hoc audits to ensure these targets are acheived. This will also be an agenda item for all future staff meetings.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.4</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person should ensure that staff are issued with a written statement of main terms and conditions, prior to employment and no later than thirteen weeks after appointment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>We have developed a new staff handbook which was radified by directors at their meeting in August 2018. This will be sent to all new staff along with their contract of appiontment.</p> <p>A section at the end of the contract includes a tick box and signature line. Staff are asked to complete these as evidence they have received the handbook.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 20.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person should ensure that job descriptions are issued to staff on appointment.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: We have developed an updated job description for day care staff . All current staff will be given a copy and we will ensure that all new appointees receive this prior to their commencement of employment with us.</p>

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



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