

Unannounced Care Inspection Report

20 September 2019



Derg Valley Day Care

Type of Service: Day Care Service

Address: 5 – 7 Parkview Road, Castlederg, BT81 7BN

Tel No: 028 8167 0764

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 is a day care setting with 40 places that provides care and day time activities for people over the age of 65, who may also be frail and / or, have dementia or who have needs arising from mental health diagnosis, sensory impairment or a learning disability. The day care setting is open Monday, Tuesday and Friday and is managed by Derg Valley Care Ltd.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 20 September 2019 from 09.05 to 16.45.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, 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.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff training and infection prevention and control practices. Further areas of good practice were also noted in relation to communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal and maintaining good working relationships.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

Areas requiring improvement were identified regarding staffing levels, adherence to the Control of Substances Hazardous to Health (COSHH) regulations, care records, care reviews, provision of activities and quality monitoring reports.

Service users' comments are included 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.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 4 | 3 |

Details of the Quality Improvement Plan (QIP) were discussed with Martin Duffy, responsible person and Gladys Armstrong, 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 13 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 August 2018.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 13 August 2018
- unannounced care inspection report and QIP dated 13 August 2018.

During the inspection, the inspector met with the responsible person, manager, a senior care assistant, a care assistant and a visiting professional. Introductions were made to all service users while walking around the setting with individual interaction with 12 service users.

Some of the comments made by the visiting professional included:

- "In my opinion care is safe."
- "Staff are very good at informing me of any changes or concerns."
- "Everyone seems happy and comfortable when I visit."

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

All respondents indicated that they were very satisfied that the care being provided to service users was safe, effective, compassionate and well led. One respondent commented: "I am happy here."

At the request of the inspector, the 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.

The inspector requested that the 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.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

Eleven areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for ten and partially met for one.

6.1 Review of areas for improvement from the most recent inspection dated 13 August 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 13 August 2018

| Areas for improvement from the last care inspection | | |
|---|---|--------------------------|
| Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 20 (1) (c) (i) Stated: First time | 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: (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. | Met |

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| | | |
| | Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of staff training records confirmed that staff training had been undertaken in September and October 2018. Further staff training had been undertaken in February and September 2019. | |
| Area for improvement 2 Ref: Regulation 21 (1) (2) (3) Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed a recently recruited staff member's file and records were maintained in line with Schedule 2. | |
| Area for improvement 3 Ref: Regulation 4 (1) Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The Statement of Purpose was submitted to RQIA following the previous care inspection. | |

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| Area for improvement 4 Ref: Regulation 28 Stated: First time | <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>Action taken as confirmed during the inspection: Review of quality monitoring reports from April 2019 to August 2019 confirmed that a quality monitoring visit was not undertaken in June and August 2019. This area for improvement has not been fully addressed and has been stated for a second time in this report.</p> | <p>Partially met</p> |
| 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 | <p>The registered person shall ensure a record is kept of staff working each day and the capacity in which they worked.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed the staffing roster for weeks commencing 27 August 2019 until 20 September 2019 and these were in line with Standard 23.7.</p> | <p>Met</p> |

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| Area for improvement 2 Ref: Standard 21.8 Stated: First time | <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>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed a sample of staff training records and these records were found to be in line with Standard 21.8.</p> | Met |
| Area for improvement 3 Ref: Standard 21.1 Stated: First time | <p>Staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A completed induction programme was available in a recently recruited staff member's file.</p> | |
| Area for improvement 4 Ref: Standard 23.8 Stated: First time | <p>The registered person should ensure that staff meetings take place on a regular basis and at least quarterly.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The review of the minutes of staff meetings evidenced that this area for improvement had been addressed.</p> | Met |

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| Area for improvement 5 Ref: Standard 22.2 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed two staff files and evidence was available that supervision had been undertaken quarterly. | |
| Area for improvement 6 Ref: Standard 20.4 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A contract was available in a recently recruited staff member's file. | |
| Area for improvement 7 Ref: Standard 20.5 Stated: First time | The registered person should ensure that job descriptions are issued to staff on appointment. | Met |
| | Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A job description was available in a recently recruited staff member's file. | |

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 centre.

A review of the staffing roster for weeks commencing 27 August 2019 until 20 September 2019 evidenced that the planned staffing levels were not always adhered to. Discussions with the manager and staff confirmed that they were satisfied that staffing levels were adequate to meet the needs of the service users when planned staffing levels were in place. However, a number of staff stated that when staffing levels were affected by short notice leave, this can impact on their ability to deliver planned activity programmes. Staff stated that it was difficult to obtain cover for short notice absenteeism however acknowledged that management offered support and assistance to the best of their ability. It was therefore recommended that the identified needs of service users should be assessed, specifically for the purpose of ensuring that staffing levels are appropriate for the assessed needs of 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. This has been identified for an area for improvement.

Discussions with staff confirmed that they felt tasks “were rushed” when unplanned absences occurred. On the day of inspection planned staffing levels were not fully adhered to due to staff sickness. The manager confirmed that she was unsuccessful in providing staff cover for the unplanned absence. Observation of the delivery of care at the time of inspection evidenced that service users’ needs were effectively met however staff were observed to be very busy and were unable to deliver a full activity programme.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. The manager confirmed that all staff are currently registered with NISCC.

The responsible person confirmed that all appointments were made in compliance with relevant legislative requirements and the organisation’s policy and procedures. The inspector reviewed a recruitment file of a recently recruited staff member. The information available was found to be in line with legislative requirements.

The responsible person confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

The setting’s training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the responsible person and any training now due for update was being followed up with the staff member by the responsible person. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, adult safeguarding, infection prevention and control, food safety and dementia awareness.

Observation of and discussion with staff evidenced that they 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 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.

Discussion with the staff and the manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The inspector advised the manager to liaise with the responsible person regarding the arrangements for the adult safeguarding position report which is due to be completed by 31 March 2020.

Discussions with the staff also 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. They were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users.

During a review of the environment it was noted that there was one area which service users could potentially have access to harmful chemicals. This was discussed with the responsible person and the manager and it was stressed that the internal environment of the day centre must be managed to ensure Control of Substances Hazardous to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the responsible person before the conclusion of the inspection and an area for improvement under the regulation was made.

Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 29 May 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 10 December 2018 and the manager confirmed that no significant findings were highlighted. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

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

Service users' comments:

- "This is a very safe place to come; staff are very supportive."
- "Staff are very hard working but extremely busy seeing to everyone; more staff would help things."

Staff comments:

- “The care is excellent and we keep the service users safe. I am offered good training.”
- “Staff work hard to meet the service users’ needs however their needs have increased and it would be good to have an extra carer.”

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified regarding staffing levels and adherence to the Control of Substances Hazardous to Health (COSHH) regulations.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 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 was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users’ care files. Review reflected there were assessments of needs, 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. Two of the three care plans reviewed were not dated. This has been identified as an area for improvement.

In the three records reviewed a photograph of the service user had not been provided in line with Regulation 19(1)(a), Schedule 4 (2) of The Day Care Setting Regulations (Northern Ireland) 2007. This has been identified as an area for improvement.

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.

The records viewed were signed, as appropriate, by the service users and/or their next of kin, evidencing consultation and agreement with arrangements in place.

There was evidence in care records reviewed that service users' rights were recognised; for example, the inspector noted a number of consent forms signed by service users with regard to staff taking photographs to maintain in care records and video material and consultation/involvement in care planning and risk assessments.

The manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives. In one of the three records reviewed a care review had not been undertaken. This has been identified as an area for improvement. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

Review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements.

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They also demonstrated knowledge of service users' preferences regarding activities and at lunch time.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis. Service users indicated that they had open lines of communication with staff and the manager and were confident that the staff would respond appropriately to any issues raised.

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

Service users' comments:

- "Care is excellent. I enjoy the activities we do but if I was asked how to improve things the only thing I could think of is more activities."
- "We have regular meetings where we talk about activities and the running of the centre."

Staff comments:

- "Care is very effective and the service users' needs always come first."
- "Care is very good. The ladies and gentlemen are offered choice of how they want to spend their day."

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified in relation to care records and care reviews.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 2 |

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.

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff approaches and responses to service users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance in regards to mobilising safely, eating lunch and participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users' confidentiality and consent.

Service users spoken to confirmed that they liked the activities on offer in the setting and staff were always willing to review the activity programme at their request. They described how they had learnt new skills, with some individuals enjoying pencil sketching for the first time.

Service users confirmed they were asked their opinion regarding what they would like to do in the day centre and their preferences were sought before any plans were made. 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 which included: bingo, yoga, arts and crafts, games and puzzles. Activities were not always delivered due to unplanned staff absences and the increasing care and support needs of the service users. The inspector discussed the provision of activities with the responsible person and the manager. The inspector requested the provision of activities is reviewed in line with Standard 9.2. This has been identified as an area for improvement.

In addition to daily informal discussions, the settings had in place robust systems that aimed to promote effective communications between service users and staff such as quarterly service user meetings, individual care review meetings and an annual service user's quality assurance survey.

The manager confirmed that service user meetings are generally held quarterly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in December 2018, March and May 2019 evidenced service user feedback being sought in regards to the environment, meals and activities.

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.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

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

Service users' comments:

- "Staff are so very kind and thoughtful. They make sure we have a good day every day we're here."
- "I am offered choice in everything that I do here, meals, how I want to spend my day even where I sit."

Staff comments:

- "Service users' human rights are encouraged. They are offered choice on a daily basis on how they want to spend their day."
- "Service users are treated with respect and privacy is very important."

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

One area for improvement was identified in relation to the provision of activities.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

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.

The registration certificate was up to date and displayed appropriately.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included 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 annual appraisals.

Review of the minutes of staff meetings identified that these meetings were held at least quarterly. The last staff meeting was held on 4 June 2019 and minutes were available. Areas discussed included staff training opportunities, quality monitoring visits, management of records and current guidelines regarding the implementation of new terminology for those who require a modified diet. The manager confirmed that the minutes of staff meetings were made available for staff to consult.

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 by the responsible person, who demonstrated a good understanding of the setting. Review of quality monitoring reports from April 2019 to August 2019 confirmed that a quality monitoring visit was not undertaken in June and August 2019. An area for improvement has been stated for a second time in this regard.

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

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

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

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

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

Service users' comments:

- "Great place and well run. All staff are very hard working."
- "First class service."

Staff comments:

- "We can speak to the manager at any time. Her door is always open."
- "We have a small team but always work well together so the service users have a good day in the centre."

Areas of good practice

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

Areas for improvement

One area for improvement was stated for a second time in relation to quality monitoring reports.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 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 Martin Duffy, responsible person and Gladys Armstrong, 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

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| <p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p> | <p>The registered provider 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>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>We have reprofiled our janitor/handyman hours so that he provides kitchen support from 12.00pm-2.00pm to cover the cleaning of dishes and tidying of kitchen, He has been a long standing member of staff who has undergone all AccessNI checks.. Care staff had been undertaking some kitchen duties up to now. The implementation of this reprofile has enabled staff to concentrate on their core function of providing care and support to service users during this busy period. - Timescale for completion - already in place.</p> <p>In addition, Directors have approved the recruitment of bank daycare staff. This should eradicate all staff sickness, absentism or emergencies staff shortages - Timescale for implementation - end of November 2019</p> <p>Directors have also agreed to reprofile some office staff hours to day care admin support. This will reduce the day care managers time on routine admin tasks.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 14 (1) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p> | <p>The registered person shall that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) regulations.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>All Substances and Chemicals have been removed to a locked storage room. Access is authorised by Day Care Manager - Timescale for action - already in operation. The registered person will carry out ad-hoc and monthly monitoring checks to ensure compliance. - Timescale for action - immediately.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (a) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p> | <p>The registered person shall maintain in respect of each service user a record which includes the information, documents and other records specified in Schedule 4 relating to the service user including a recent photograph of the service user.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Photograph of all clients have been inserted to their personal files. All staff are aware of the reason we hold photographs which is in line with GDPR requirements.</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 28</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</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: 6.2 and 6.7</p> <p>Response by registered person detailing the actions taken:</p> <p>Registered person will ensure that Monthly monitoring visits are undertaken in compliance with Regulation 28 of the Day Care Setting Regulations (Northern Ireland) 2007 this will include the development of a 12 monthly visit schedule.</p> <p>All ongoing visits will cover the matters described in the day care settings, standards, monitoring issues, identified in the RQIA guidance and report on the conduct of the setting, including compliance with regulations or standards- Timescale for completion - immediately.</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 5.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p> | <p>The registered person should review care plans to ensure that these are signed by the service user, staff member and manager. Where the service user is unable or chooses not to sign, this should be recorded and the basis of his/her agreement to participate noted.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered person will undertake regular reviews of service users care plans to ensure compliance with Standard 5.3. He will counter sign reviewed plans as evidence of scrutiny. - Timescale for completion- immediately.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p> | <p>The registered person shall review the current activity programme and ensure that the types of activities offered are diverse and varied, engaging, purposeful, enjoyable, age- and culturally appropriate and promote healthy living.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Work had already commenced with the Health Living Centre Health Development officer to establish a programme of new activities to commence in November 2019. Each programme will run for a six week period and will be spread over the three days in which day care is available. - Timescale for completion - November 2019.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p> | <p>The registered person shall ensure that the initial review should take place within 4 weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care. As a minimum, a formal review should take place once a year; however reviews must not become a “routine” or “administrative” task.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered person will monitor all new referrals to ensure that all initial reviews will take place within the first 4 weeks. He will countersign and date all documentation as evidence of review.. He will also review service user files to ensure all required reviews are undertaken within the relevant timescales. Timescale for completion- November 2019.</p> |



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