

Unannounced Care Inspection Report 04 July 2017



Derg Valley Day Care

Type of Service: Day Care Setting
Address: 5-7 Parkview Road, Castlederg, BT81 7BN
Tel No: 028 8167 0764
Inspector: Angela Graham

www.rgia.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 that provides care and day time activities for up to forty service users. The day care setting is open on Monday, Tuesday and Friday.

3.0 Service details

Organisation/Registered Provider: Derg Valley Care Ltd	Registered Manager: Gladys Armstrong
Responsible Individual(s): Maureen Dorothy Florence McKeague	
Person in charge at the time of inspection: Gladys Armstrong	Date manager registered: 26 August 2010
Number of registered places: 40 - DCS-I, DCS-A, DCS-DE, DCS-E, DCS-LD, DCS-LD(E), DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E), DCS-SI, DCS-TI	

4.0 Inspection summary

An unannounced inspection took place on 04 July 2017 from 09.50 to 16.50 hours.

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

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

Evidence of good practice was found in relation to safe practice in the staffing arrangements, knowledge regarding adult safeguarding, risk management and staff training. Regarding effective practice, examples of good practice were in relation to care reviews, storage of records and communication between service users and staff. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting and listening to and valuing service users views. Finally, good practice was found in relation to governance arrangements and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the environment, care staff registration with the Northern Ireland Social Care Council (NISCC), care plans, care recording for every five attendances and the recording of minutes of staff and service user meetings.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "The care is very good here", "staff are the best you will get", "the food is lovely and you get plenty to eat", "this is a great place to come" and "I feel very safe here".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Maureen McKeague, Registered 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 17 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 June 2016.

5.0 How we inspect

Prior to inspection the following records were analysed:

- 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).

During the inspection, the inspector met with the registered provider, registered manager, three care staff members, a volunteer, a visiting professional and fourteen service users. The registered manager was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requesting their return to RQIA. Two staff, three relatives and five service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

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
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

Five areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met in four of the matters and partially met in one of the matters.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 01 March 2017

The most recent inspection of the establishment was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 June 2016

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 26 (4) (e) Stated: First time	The registered person must make arrangements for persons employed in the day care setting to receive suitable training from a competent person in fire prevention.	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. Fire training had been provided by a competent person in fire prevention on 05 September 2016.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 22.2 Stated: First time	The registered manager 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

	<p>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 inspector reviewed two staff files. The review confirmed supervision had been undertaken quarterly.</p>	
<p>Area for improvement 2 Ref: Standard 11.5 Stated: First time</p>	<p>The registered manager must ensure that the record of monies received on behalf of services users is signed by either the service user or their representative and a staff member. In the event the service user cannot sign two staff should sign the record.</p>	Met
	<p>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. Evidence was provided in this regard.</p>	
<p>Area for improvement 3 Ref: Standard 18.4 and 18.5 Stated: First time</p>	<p>The registered person should ensure that all policies and procedures are dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.</p>	Met
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered provider confirmed that this area for improvement had been addressed. The inspector reviewed a sample of policies and procedures. These policies and procedures were dated when issued and ratified by the registered person.</p>	
<p>Area for improvement 4 Ref: Standard 7.5 Stated: First time</p>	<p>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.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed three care records. One of the three care records reviewed had not an entry at least every five attendances when no recordable events occurred.</p>	

	This area for improvement has not been fully addressed and has been stated for a second time in this report.	
Area for improvement 5 Ref: Standard 23.3 Stated: First time	The registered person must carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the day care setting for any period of time in the absence of the registered manager.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered provider confirmed that this area for improvement had been addressed. The inspector reviewed two staff files. The review confirmed that a competency and capability assessment had been completed for these staff members.	

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 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 19 June 2017 until 04 July 2017 evidenced that the planned staffing levels were adhered to. Staff consulted confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels.

Discussion with staff and review of returned staff questionnaires confirmed that mandatory training and other professional development training was provided. 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 awareness, moving and handling and adult safeguarding training.

The setting's accident and incident records were inspected. The review confirmed one incident had been recorded and appropriately reported to RQIA since the last care inspection. Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual who assured they had the right knowledge and information to prevent harm to the service users attending the setting.

The registered manager confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed. Service users using wheel chairs were secured in their chair using a lap belt however this was required for posture and safety.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager reported there were no suspected, alleged or actual incidents of abuse identified and reported since the last inspection. The registered provider confirmed that she is the safeguarding champion for the day care setting.

The inspector reviewed elements of two staff files. No evidence was available in the staff files that the staff members were registered with the Northern Ireland Social Care Council (NISCC). The inspector discussed this issue with the registered provider. The registered provider informed the inspector that these care staff had been registered with NISCC. The registered provider contacted NISCC and informed the inspector that staff had omitted to renew their registration. A discussion took place with the registered provider that all care staff must be registered with the appropriate professional regulatory body. The registered provider provided an assurance that renewal of registration would be progressed immediately. A further discussion took place with the registered provider that a central matrix be developed to show the dates/renewal of care staff registration with NISCC in order to monitor staff compliance with required registration. This was identified as an area for improvement.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. Two identified areas within the day centre required repainting as the paintwork was marked and chipped. The carpet in the main sitting area within the day centre was stained and frayed. This was identified as an area for improvement. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

Five service users completed questionnaires for this inspection. These service users confirmed that they felt safe in the setting. These service users also confirmed that they could talk to staff if they were unhappy or had any issues or concerns and they could tell someone if they were worried about someone being treated badly. The service users reported the setting was comfortable and they knew what to do if the fire alarm sounded.

Three relatives returned questionnaires to RQIA post-inspection. The relatives identified that they were very satisfied with the safe care in Derg Valley Day Care. They stated that their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and that they would report concerns to the manager.

Two staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that the care was safe, they had received training in adult safeguarding , there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, knowledge regarding adult safeguarding, risk management and staff training.

Areas for improvement

Two areas for improvement were identified in relation to the environment and NISCC registration.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

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 review confirmed there are risk assessments and care plans in place. The care records reflected multi-professional input into the service users’ health and social care needs. The review identified that a service user’s care plan had not been reviewed and updated to reflect the speech and language therapist’s recommendations. This was identified as an area for improvement.

Discussion 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.

Care recording for every five attendances was being maintained in two of the three care records inspected. This was an area for improvement identified during the previous care inspection. This area for improvement has not been addressed and is stated for the second time in this report.

Review of elements of three service users’ care records confirmed annual reviews of the individual’s day care placement had taken place in the previous year.

It was observed during this inspection that records were stored safely and securely in line with data protection.

Discussion with a visiting professional revealed communication between professionals and staff was good. The professional confirmed that the care was good and staff had contacted the professional when they had concerns to ensure they were achieving the best outcome.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, staff training, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

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.

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.

Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the registered manager and review of records evidenced that service user meetings were held generally bimonthly. The minutes of the three most recent service users meetings were reviewed during this inspection. The meetings had taken place on 30 May 2017; 14 March 2017 and 09 January 2017. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. They contained the names of the service users who attended and a summary of the discussions. The minutes did not contain an agenda; detail if any action is needed with details of who is responsible for this. This was identified as an area for improvement.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

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

Five service users' completed questionnaires. These service users confirmed that they were getting the right care at the right time and staff were communicating well with them. They also confirmed that their choices are listened to and they choose the activities they take part in. The service users reported that they had been involved in the annual review of their day centre placement.

Three relatives returned questionnaires to RQIA post-inspection. The relatives confirmed that they were very satisfied with the effective care. They stated that their relative receives the right care, at the right time, in the right place.

Two staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified in relation to care plans, care recording for every five attendances and the recording of minutes of service users meetings.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

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

The registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

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.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities e.g. word games, knitting, puzzles and bingo. Observations of service users taking part in activities showed participation was good.

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 wore appropriate aprons when serving the lunch time meal. 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.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

Service users' confirmed their views and opinions were taken into account in matters affecting them. They identified that attending the setting helps them avoid loneliness, gives them structure to their week and is a place where they are encouraged to be independent.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices.

Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "I always get a warm welcome when I arrive at the centre".
- "I have no complaints, only good things to say about the centre and the staff".
- "I get a lovely cup of tea when I arrive and I can have toast or a biscuit".
- "Gladys is very helpful and I can talk to her about anything".
- "The dinner is lovely and I am offered a second helping if I want it".
- "We have regular meetings in the centre".
- "I enjoy all the activities provided and you can choose what you want to do".
- "This place is a safe haven".
- "The centre is always warm, clean and comfortable".

During the inspection the inspector met with three care staff and a volunteer. Some comments received are listed below:

- "I have attended all the mandatory training and have regular supervision".
- "There is a good team here and we all work well together".
- "The clients are my priority and their needs come first. I respect their views and choices".
- "I am well supported by the manager".

Consultation with service users regarding compassionate care and service user questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected, they have choices and are involved in decisions.

Three relatives returned questionnaires to RQIA post-inspection. The relatives confirmed that they were very satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

Two staff questionnaires confirmed service users are treated with dignity and respect, encouraged to be independent and their views are sought and acted upon.

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, dignity and privacy, listening to and valuing service users and taking account of the views 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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance.

A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the registered manager confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 05 June 2017 and minutes were available. The previous staff meeting had been undertaken on 30 March 2017. The minutes of meetings reflected staff views and opinions were sought and form the basis of all discussions. They contained the names of the staff who attended and a summary of the

discussions. The minutes did not contain an agenda; detail if any action is needed with details of who is responsible for this. This was identified as an area for improvement.

The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

No complaints had been recorded since the previous care inspection on 17 June 2016; however a complaints record was maintained and made available for inspection. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A monitoring visit had been undertaken on 07 June 2017. Three monitoring reports were reviewed from April to June 2017. The monitoring officer reported on the conduct of the day care setting.

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

Discussion with a visiting professional revealed they knew who the management team were in the setting and in their opinion the centre is well-managed.

Five service users' questionnaires confirmed that the service was managed well. The service users also confirmed that staff had responded well to them and they are asked what they would like to do in the setting. The service users stated that they knew the manager and could talk to the manager if they had any concerns.

The returned relatives' questionnaires confirmed that they were very satisfied that the service was managed well and the staff and the manager are approachable, professional and caring.

Two staff questionnaires confirmed that the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the recording of minutes of staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maureen McKeague, Registered 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 to Day.Care@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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 26 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A painting contractor has been engaged to repaint the Centre, including the main area and toilets. A reputable carpet supplier and fitter has been engaged to replace identified carpet with carpet tiles and to replace damaged metal trim with PVC trim which will be more flexible and consequently will withstand wheelchair traffic. This reduces the likelihood of recurrence of emerging tripping hazards as a result of damage to trim and will also enable localised spillage to be addressed immediately. Spare tiles will be retained in the Centre to enable badly soiled tiles to be replaced where cleaning is not practicable. It is anticipated that these works will be carried out by 31 August 2017.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 21.6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The NISCC reregistration process for staff has taken place and Day Care staff will be added to the central matrix for domiciliary workers to ensure renewal dates are monitored. The registration number and registration date will be recorded on Carefree and in staff files. It is anticipated that this will be fully operational by 31 August 2017..</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;

<p>To be completed by: 31 August 2017</p>	<ul style="list-style-type: none"> • 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>Ref: 6.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>Response by registered person detailing the actions taken: A template has been designed which will be used for all such meetings, covering the essential items listed. These will be completed fully, dated and signed at each meeting. Completed templates will be punched and placed in a binder for Service-users Meetings. Minutes of previous meeting will be reviewed at each meeting. A standing agenda covering the key highlighted areas will be used. The binder should be made available for Registered Provider Visits. It is anticipated that this will be fully operational by 31 August 2017..</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>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A template has been designed which will be used for all such meetings, covering the essential items listed. These will be completed fully, dated and signed at each meeting. Completed templates will be punched and placed in a binder for Staff Meetings. Minutes of previous meeting will be reviewed at each meeting. A standing agenda covering the key highlighted areas will be used. The binder should be made available for Registered Provider Visits. It is anticipated that this will be fully operational by 31 August 2017..</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered person shall ensure that the care plan is kept up to date and reflects the service user's current needs.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: In the identified case, the Registered Manager immediately requested an updated care plan from Speech & Language Therapist. The response has been updated on file although we note that some SLT plans contain significantly more detail than others. The plan received</p>

	does not contain guidance on positioning etc, however the manager has requested that this be provided.
Area for improvement 5 Ref: Standard 7.5 Stated: Second 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. Ref: 6.5
To be completed by: 31 July 2017	Response by registered person detailing the actions taken: The registered provider ha spoken to staff acting as key workers, reinforcing this point and requesting that the daily report is appropriately transcribed to ensure that service-user file notes will be updated at least every five attendances to confirm that no change has taken place.

****Please ensure this document is completed in full and returned Day.Care@rqia.org.uk from the authorised email address****



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews