

Unannounced Care Inspection Report 10 January 2019



Antrim Day Centre

Type of Service: Day Care Service
Address: Station Road, Antrim, BT41 4AB
Tel No: 02894416515
Inspector: Marie McCann

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

Antrim Day Centre is a Day Care Setting with a maximum of 50 places that provides care and day time activities for people aged over 18 years of age with a range of needs including learning disability, mental health, dementia, physical and/or sensory disability and frailty associated with old age. The day centre is open Monday to Friday and is operated by the Northern Health and Social Care trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: NHSCT	Registered Manager: Mrs Heather McNeill
Responsible Individual(s): Dr Anthony Baxter Stevens	
Person in charge at the time of inspection: Mrs Heather McNeill	Date manager registered: 3 October 2017
Number of registered places: 50	

4.0 Inspection summary

An unannounced inspection took place on 10 January 2019 from 09.00 to 16.45.

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

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

Evidence of good practice was found in relation to staff training, adult safeguarding, infection prevention and control, risk management, record keeping and the provision of person centred care. Further areas of good practice were also noted in regards to the culture and ethos of the day care setting, listening to and valuing service users, governance arrangements, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff induction and the statutory notification of incidents. An area for improved was also stated for a second time in regard to the day centre's environment.

Service users' comments are reflected throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Heather McNeill, 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 estates inspection dated 18 May 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 May 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 with regards to the day centre since the last inspection.
- incident notifications which revealed nine incidents had been notified to RQIA since the last care inspection on 5 October 2017.
- unannounced care inspection report and QIP from 5 October 2017.

On the day of inspection the inspector met with the registered manager, a day care worker, a care assistant, an agency care assistant and two relatives. The inspector made introductions and greeted all service users present and had more detailed discussions with three service users.

The following records were examined during the inspection:

- Four service users' care records
- A sample of service users' daily records
- Two agency staff induction records
- Staff training matrix
- A sample of three staff supervision and appraisal information records
- One staff competency and capability assessment record
- The day centre's complaints/compliments recorded since the last inspection
- Staff roster information for December 2018
- Fire safety precautions
- A sample of minutes of staff meetings for 2018
- A sample of the day centre's record of incidents and accidents from May 2018 to November 2018
- A sample of monthly quality monitoring visit reports for November 2018, December 2018 and January 2019
- Annual Review of Quality of Care Report
- The Statement of Purpose, May 2018
- Service User Guide

At the request of the inspector, the registered manager was asked to display a poster within the setting. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; four responses were received.

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

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the setting to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the setting.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 May 2018

The most recent inspection of the day centre was an announced estates inspection.

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

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

6.2 Review of areas for improvement from the last care inspection dated 5 October 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
Area for improvement 1 Ref: Regulation 26 (2) (b) Stated: First time	The registered person shall repair or replace the fascia boards around the centre.	Not met
	Action taken as confirmed during the inspection: Discussions with the registered manager confirmed that the trust estates department have identified repairs which are needed to the roof of the day centre building which includes replacement of the fascia board. The registered manager advised that a business plan is in place for replacement of the roof & fascia boards and it is anticipated that these works will commence in the new financial	

	<p>year. The registered manager confirmed that while improvement to the environment was needed, the identified areas requiring repair did not pose a risk to service users.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall repair the internal door identified by the Fire Risk Assessment dated 10 April 2017.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that the repair to the internal door identified by the Fire Risk Assessment dated 10 April 2017 had been completed as required.</p>	Met

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.

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

The registered manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the registered manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. The sample of staff rota information reviewed was noted to be consistent with the staffing levels described. Records showed the number of staff working each day and the capacity in which they worked. The registered manager advised that a system was in place for a duty day care worker to be identified each day and that this arrangement was on a rotational basis. In the absence of the registered manager the duty day care worker would be in charge. The inspector advised that the staff rota information should be updated to include such information, namely, who the duty day care worker is, so that it would be clearly evident from the rota who is in charge in the absence of the registered manager. In addition to the staff rota, a detailed daily rota was also maintained to identify the

roles and responsibilities for staff working each day and which group of service users they would be supporting. Discussions with staff during the inspection verified that there were sufficient numbers of staff to meet the needs of service users

The registered manager and staff advised that the day care setting's staffing arrangements have been supported by a number of agency staff. There was importance placed on ensuring that the same agency staff were booked on a regular basis in order to promote consistent care delivery to service users and familiarity between them and staff. Observation of and discussion with the staff revealed that they were supportive of the agency staff and promoted open and supportive communication between one another to ensure the team worked well together. Staff feedback evidenced that this promoted improved outcomes for service users, and helped new or less experienced staff grow in confidence and knowledge so that they can safely and effectively care for service users in the setting.

On the day of the inspection, discussions with and observations of the staff supporting service users did not highlight any areas for improvement regarding their practice. There had been no newly employed permanent staff in the setting since the last inspection. The inspector was able to review the induction records for the agency staff who had commenced working in the setting. One staff member described an effective induction process which included shadowing experienced staff, reading service users' care records, and getting to know service users and familiarising themselves with the service users' needs. However, the full induction process as described by the staff member and the registered manager was not reflected in the induction record. In addition, the registered manager provided the inspector with a new departmental and corporate induction checklist that is to be implemented within the day care setting. The inspector advised that the checklist alone would not provide an effective induction for care staff in the day care setting. The inspector recommended that the induction record should also evidence that new staff are introduced to safe practices and procedures in the setting, including adult safeguarding procedures while also reflecting a competency type of induction in keeping with the Northern Ireland Social Care Council's (NISCC) Induction Standards, with both parties signing to confirm satisfactory completion at each stage of the induction. An area for improvement has been stated in this regard.

A review of governance records confirmed that the registered manager maintained a record of the agency staff profile; a review of two staff profiles verified that the agency staff were up to date with their mandatory training.

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

Discussion with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. Staff confirmed that training was ongoing and that they had further training opportunities in addition to mandatory requirements. Examples of training which was provided included: equality, human rights and good relations, defibrillator training, dysphasia, dementia virtual bus and training regarding regional changes in the management of those service users requiring a modified diet.

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

A review of a sample of these records evidenced that the incidents had been managed appropriately and effectively documented with safety issues and risks being identified and actions having been taken to minimise risk of reoccurrence.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the registered manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The staff advised that the development of a daily handover meeting provided the staff team with an invaluable opportunity to discuss any issues or concerns regarding a service user's wellbeing which helped ensure timely action and consistent responses by staff.

Discussions with the registered manager and staff confirmed that there is a transparent learning culture within the setting, in which incidents are reviewed and reflective practice is encouraged in order to consider any lessons learnt or review how to improve the day care experience for service users.

The registered manager reported that there were no restrictive practices in place within the setting other than the use of lap belts for specific service users who use wheelchairs. The decision to use lap belts in these cases had been made following assessment by the Occupational Therapist in agreement with the service user and their representative.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They acknowledged that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice. In addition, 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.

Records show that all staff have received adult safeguarding training. The registered manager and staff confidently spoke about their role and responsibility to act preventatively and proactively to safeguard those adults who attend the setting, and about their obligation to report concerns.

Discussion with the registered manager and review of records confirmed that there had been two adult safeguarding referrals made to the NHSCT since the last care inspection. This evidenced that staff were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. However, it was noted that one of the referrals had not been notified to RQIA as required. An area for improvement was made in this regard. In addition, the inspector advised the registered manager to request written feedback regarding the outcome of an adult safeguarding referral.

Observations of the environment in the day centre concluded that it was clean and tidy. Discussion with the registered manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the wall, 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. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

Records examined identified that monthly and weekly fire safety precaution records were maintained. The day centre's last fire evacuation drill was in September 2018 which aimed to confirm that services users could exit the building safely in the event of a fire; no concerns were identified. A fire risk assessment was completed on 12 June 2018 and the registered manager stated that the associated action plan has been addressed. A specific review date was not found on the fire risk assessment although the registered manager advised that they are reviewed annually.

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

Service users' comments:

- "Staff are great, staff couldn't be nicer."

Relatives' comments:

- "Staff are all so lovely couldn't say a bad word against them."
- "Couldn't recommend it enough, the place has been a god send."

Staff comments:

- "My induction was very good, got to know clients, read their care plans and assessments."
- "The regular training updates are great, keep things fresh in your memory and keeps you focused."

Nine service user/relative questionnaire responses were returned to RQIA. Eight respondents indicated they were very satisfied and one respondent was satisfied that care provided in the setting was safe. Of the four staff questionnaire responses received, all indicated that they were very satisfied the care provided in the setting was safe. One staff commented: "I really enjoy working at the day centre, the manager, staff and service users are brilliant."

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in relation to staff induction records and the statutory notification of incidents. An area for improvement was also stated for a second time regarding the day centre environment.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose. Observations throughout the inspection confirmed that the day care settings were providing care in accordance with their Statement of Purpose.

Four service users' individual files were inspected. They contained referral information, service user agreements, falls assessments, manual handling assessments, transport assessments and speech and language assessments as applicable and care plans. It was positive to note the use of a one page profile for each service user which included relevant important information regarding the service user's individual health and care needs, communication needs, hobbies and interests.

Care plans were noted to be comprehensive, person centred and holistic and included service users' objectives. As applicable, the care plans also referenced any deprivation of liberty or human rights issues to be considered when supporting the service users in the day centre. Discussions with staff and review of records evidenced that information is shared between staff, service users, their representatives and relevant professionals to ensure that all parties are aware of information which may impact on each services user's health and wellbeing. A care plan was noted to have been updated following changes to a service user's speech and language therapy recommendations and staff advised that they are also advised of such updates during the daily handover meetings.

Discussion with staff verified that they recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

The inspector noted that some service users had an outdated service user agreement in place. The registered manager provided assurances that these service users' agreements would be reviewed to ensure they are updated to contain the relevant information and are signed by the service users as applicable.

The registered manager shared with the inspector a sample of newly introduced care records. It was noted that these new records provided an improved range of information and more clearly demonstrated service user consultation. The ongoing use of these new records will be reviewed at future inspections.

Service users had access to an initial and annual day care review involving the service's Health and Social Care Trust (HSCT) community keyworker and relatives, as appropriate. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed. In addition, records evidenced that staff completed a comprehensive pre-review report prior to the care review, which took into consideration service users' comments and expectations in addition to their aims and objectives for the forthcoming year. Objectives set by relevant professional assessments are implemented within

the centres as appropriate. In discussions with staff they were able to describe how they implement the objectives agreed as part of a service user's holistic support plan.

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. However, the inspector noted that some staff used initials rather than writing their full name in keeping with best practice standards. The registered manager agreed to address this.

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 requirements.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint. No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Staff stated that there was effective communication with each other and the management to ensure that safe and effective care was provided to the service users.

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

Service users' comments:

- "The craic is good, that's what it's all about. My keyworker is off at the minute but I can talk to any staff."

Relatives' comments:

- "The art classes have been great for xxxx."
- "Xxxx has really benefitted from coming here, confidence has increased."
- "There is good communication staff keep you well informed."

Staff comments:

- "It is so important for everyone to go home feeling that they have had a good day."
- "Daily handover meetings are all very good; we all know what our responsibilities are for the day....and we are fully updated in any issues relating to the service users."

Nine service user/relative questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was effective. Comments made by the respondents included: "All care the very best" and "I would like more varied choices on the lunch menu." Of the four staff questionnaire responses received, three indicated that they were very satisfied and one response indicated they were satisfied that care provided in the setting was effective. One staff commented: "From my experience I feel the centre is well led and service users' needs are well met."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and the provision of person centred care.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre.

A daily planner for activities was in place; staff and service users described how this activity programme can be changed upon the request of service users on any given day. During activities, staff were observed discreetly and sensitively encouraging participation of all service users at a level that was appropriate for them.

Discussions with service users and observation of staff interactions demonstrated that service users related positively to staff and each other. The atmosphere was relaxed and service users were observed engaging spontaneously and enthusiastically with staff. 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 staff offering service users choice regarding the activity they wished to do or where they wished to go, on numerous occasions. Staff were noted to be focused on attending to the needs of service users and they took time to listen and support them as needed. 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.

An observation of the lunch time meal confirmed that service users were given a choice in regards to 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 also offered 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. Service users who required a modified diet were informed by staff of the content of their meals.

Discussion with service users provided positive feedback and they noted how staff at the day centre provide them with encouragement and support to promote their independence and be actively involved in the day centre. Service users who did not engage with the inspector or verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Service users are enabled and supported to engage and participate in meaningful activities and social events. The registered manager described a number of improvements that have been

made to increase the opportunities for new activities for the service users, such as the development of the greenhouse and flower potting.

There was evidence of good communication with service users observed during the inspection; to further enhance practice in this regard the inspector discussed the Royal College of Speech and Language Therapists Five Good Communication Standards (2013). This is a practical resource that can support service providers with recognising what good communication looks like, whether good communication is happening and which also provides useful resources to promote good communication. The registered manager agreed to review these standards to identify any best practice examples that could be implemented by the day centre.

Staff and service users described informal arrangements in place that ensured that service users are consulted and their views and opinions sought on a daily basis. In addition, governance arrangements to promote effective communication with service users and/or their relatives included regular service user meetings (referred to as committee meetings), annual care reviews and an annual quality satisfaction questionnaire. Samples of minutes from a service user meeting held in November 2018 evidenced that service users were informed of: staff recruitment plans, the RQIA inspection process, and meetings held with the organisation's domestic and catering managers to empower the service users to identify and resolve any issues directly. There was evidence that the registered manager was in the process of encouraging greater service user involvement in the committee meeting group. The inspector advised that the committee meeting minutes should be improved to make them more accessible to all service users and should clearly identify actions planned and by whom within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings. The registered manager agreed to amend template for future meetings.

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

Service users' comments:

- "I could talk to the staff about anything."

Relatives' comments:

- "Xxxx really enjoys coming to the centre, no rush to leave."

Staff comments:

- "It doesn't feel like coming to work, it's a pleasure working here, everyone is equal."
- "There is an ethos of citizenship in the day centre, it's everyone's day centre, we all work together."
- "Promoting independence and ownership is essential to improve self-worth and self – esteem."

Nine service user/relative questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was compassionate. Of the four staff questionnaire responses received, all indicated that they were very satisfied the care provided in the setting was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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

The Statement of Purpose for the day care service was reviewed and updated by the provider in May 2018. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The inspector advised that abbreviations used to describe the range of needs the day centre provides support for should be removed. The registered manager agreed to action this.

Evidence gathered at this inspection indicated that the service is currently operating in keeping with its Statement of Purpose.

The day centre is managed on a day to day basis by the registered manager with the support of a team of day care workers, care assistants, an administrator, domestic assistant and catering assistant. There was a clear organisational structure and the registration certificate was up to date and displayed appropriately.

Staff demonstrated knowledge of their role, responsibilities and lines of accountability and knew when and who to discuss concerns with, including the performance of a colleague and how to access the organisation's whistleblowing policy. They described an open door policy with the registered manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

The inspector noted that staff worked effectively as a team. Staff comments reflected a collaborative approach in which staff members were encouraged to contribute. Staff described how this approach fostered improvements in practice; staff learned from one another and reviewed what worked well and what didn't.

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

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council or the Nursing and Midwifery Council (NMC) as appropriate. The registered manager stated that information regarding registration details and renewal dates are maintained by the NHSCT social care governance department who generate an email to the registered manager advising when a staff member's renewal date is pending. Upon receipt of this email they liaise with staff to ensure that they have taken appropriate action. The registered manager confirmed that all staff are currently registered with NISCC.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by a senior manager within the organisation who demonstrated a good understanding of the setting; these included a mixture of announced and unannounced visits to the day centre. A sample of reports viewed provided evidence that the visits included engagement with service users, staff and professionals, and a review on the conduct of the day care setting. It was positive to note that each month, a day care standard was reviewed and compliance audited as part of the visit. The inspector advised that a record of the service users and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable. The annual report into the review of the quality of care for April 2017 to March 2018 was provided. This contained all elements as required in Schedule 3 of The Day Care Settings Regulations (NI) 2007.

A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the registered manager.

The complaints record was reviewed and evidenced that one formal complaint had been received since the last inspection. The registered manager advised that the formal complaint had been managed by the organisation's complaints department who provided feedback that the complaints process had been completed with a satisfactory outcome. The inspector highlighted the need for complaints records to be maintained in the day centre to evidence whether the complaint was satisfied with the outcome. The registered manager agreed to action this.

Discussion with the registered manager and a review of staff meeting minutes evidenced that five staff meetings have been held since the last inspection. A review of minutes of the meeting held in November 2018 evidenced that there was a learning and quality improvement focus for the meetings. The meetings included discussion of: NISCC registration requirements, infection, prevention and control issues, recording, activities and service user meal times. The inspector recommended that the staff meeting minutes were improved to highlight required actions, who is responsible for completing these and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings.

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

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their induction, training, supervision and

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

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

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

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

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

Service users' comments:

- "It's a great place."

Relatives' comments:

- "Staff are brilliant, all very friendly."

Staff comments:

- "The manager has introduced a lot of good systems which have been beneficial."

Nine service user/relative questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that the service was well led. Of the four staff questionnaire responses received, three indicated that they were very satisfied and one response indicated they were satisfied that the service was well led. One staff member provided positive feedback in regard to the registered manager: "our manager is the best manager I have ever had in my 20 years in the care industry, she is caring, compassionate and fair.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Heather McNeill, 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	
Area for improvement 1 Ref: Regulation 26 (2) (b) Stated: Second time To be completed by: 27 June 2019	<p>The registered person shall repair or replace the fascia boards around the centre.</p> <p>Ref: 6.2 and 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Trust has a business plan for replacement of the roof and including the fascia boards, which are integral to the roof, completed and this was prioritised for funding. It is currently number one on the waiting list and will be completed as soon as funding is made available. The work required to repair the problem with the roof on a temporary basis was carried out shortly after that inspection.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 21.1 and 13.3 Stated: First time To be completed by: 7 February 2019	<p>The registered person shall improve the induction for new staff so it includes a competency type of induction in keeping with NISCC's Induction Standards and evidences that staff have been made aware of safeguarding procedures.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Trust Induction includes safeguarding awareness and is attended by all members of staff during the first 6 months of employment. Day Centres have a further induction process in place and this includes completion of the NISCC Induction standards.</p>
Area for improvement 2 Ref: Standard 17.4 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all accidents and incidents occurring in the centre are reported to RQIA in accordance with legislation and procedures.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: As discussed with the inspector we will ensure that all safeguarding referrals are forwarded to RQIA as well as to the Trust Named worker. This has been discussed with staff and they have all been made aware of the legislation and procedures.</p>

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



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