

Unannounced Care Inspection Report 6 September 2018



Binnian Lodge Resource Centre

Type of Service: Day Care Service
Address: Manse Road, Kilkeel, BT34 4BN
Tel No: 02841765473
Inspector: Marie McCann

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 up to 10 places that can provide care and day time activities for people who have a physical disability or sensory impairment. The day care setting is open Monday, Tuesday, Thursday and Friday. The service is operated by the Southern Health and Social Care Trust (SHSCT).

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual(s): Mr Shane Devlin	Registered Manager: Ms Carmel McGrath
Person in charge at the time of inspection: Day Care Worker	Date manager registered: 21 June 2013
Number of registered places: 10	

4.0 Inspection summary

An unannounced inspection took place on 6 September 2018 from 09.45 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 risk management, management of restrictive practices, adult safeguarding and fire safety practices. Further areas of good practice were noted in regards to: care plans and reviews, communication between service users, staff and other key stakeholders, listening to and valuing service users, governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to staffing management, the staff roster, care records and policies/procedures.

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	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Ms Carmel McGrath, registered manager and the day care worker, 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 6 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 June 2017.

5.0 How we inspect

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

- The registration details of the day centre.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection on 6 June 2017.
- Unannounced care inspection report and quality improvement plan from 6 June 2017.

During the inspection the inspector met with the registered manager, the day care worker, day care support worker and a visiting professional. The inspector greeted and made introductions to four service users in the group setting. More detailed discussions were had with three service users.

The following records were examined during the inspection:

- Two service users' care records.
- One staff personnel record.
- A sample of service users' daily records.
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments record from 6 June 2017 to 5 September 2018.
- Staff roster information from 6 August 2018 to 31 August 2018.
- Fire safety precautions.
- A sample of activities records for August 2018.
- A sample of minutes of service users' meetings from July 2017 to August 2018.
- A sample of minutes of staff meetings from February 2018 to August 2018.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from June 2017 to August 2018.
- Adult Safeguarding Prevention to Protection in Partnership Policy, July 2015 and the Operational Procedures, September 2016.
- Your right to raise a concern (Whistleblowing) Department of Health, November 2017.
- Incident Management Procedure, October 2014.
- Complaints Policy.
- The Statement of Purpose, May 2018.
- Service User Guide/Service user agreement.

At the request of the inspector, the day care worker was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

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

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

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 June 2017

The most recent inspection of the establishment was an unannounced 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 06 June 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 4 Stated: First time	The registered person shall ensure the fire risk assessment is reviewed and updated immediately. Ref: 6.4	Met

	<p>Action taken as confirmed during the inspection: The inspector confirmed that a fire risk assessment dated 3 July 2017 was available on the day of inspection and was next due for review in June 2019. The day care worker confirmed there were no outstanding actions.</p>	
<p>Area for improvement 2 Ref: Regulation 17 Stated: First time</p>	<p>The registered person shall complete the annual report which is compliant with schedule 3 of the day care setting regulations. The report should be sent to RQIA with the QIP.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that an annual report had been completed which is compliant with schedule 3 of the day care setting regulations. The report was submitted to RQIA with the previous care report/QIP.</p>	Met
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1 Ref: Standard 15.6 Stated: Second time</p>	<p>The registered person shall ensure that the policy/procedure on Adult Safeguarding is reviewed and revised to reflect the new DHSSPS regional guidance entitled Adult Safeguarding Prevention Protection in Partnership.(July 2015) and identification of the named champion. Staff training in this regard will be necessary.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed that the SHSCT has adopted the Regional Policy Adult Safeguarding Prevention to Protection in Partnership, July 2015 and the associated Operational Procedures, September 2016. The SHSCT has an identified Adult Safeguarding Champion and a flowchart is available for staff to guide them in responding to an adult safeguarding concern. Staff received adult safeguarding training in March 2017.</p>	Met

Area for improvement 2 Ref: Standard 18.5 Stated: Second time	<p>The registered person shall ensure that a review of policies/ procedures is undertaken as several hard copies were dated 2008 and 2011. These should be systematically reviewed every three years or more frequently should changes occur.</p> <p>Ref: 6.2</p>	Partially met
	<p>Action taken as confirmed during the inspection: Discussion with registered manager and a senior manager during/following the inspection confirmed that a number of actions had been taken to address this area for improvement. However, while it was positive to note that progress had been made, several actions remained outstanding. This is discussed further in section 6.7.</p> <p>This area for improvement has been partially met and is stated for a third and final time.</p>	
Area for improvement 3 Ref: Standard 18 Stated: First time	<p>The registered person shall improve the accessibility and availability of policies and procedures that guide and inform staff and are compliant with Appendix 2 of the day care settings standards.</p> <p>Ref: 6.7</p>	Met
	<p>Action taken as confirmed during the inspection: Staff confirmed that they could access policies and procedures via an online system as needed. Staff had access to a guide which explained how to access policies and procedures if required.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Discussion with the registered manager, staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. A review of the staffing roster for August 2018 evidenced that on one occasion planned staffing levels were not adhered to as a day care worker had been redeployed to another day care setting. This had the potential to adversely impact the provision of safe and effective care to the remaining service user present within the setting on that day. It was further noted that the staff roster did not reflect this change in staffing. The need to ensure that staff are on duty in such numbers so as to ensure that the assessed care needs of service users can be safely and effectively met at all times was stressed. The need for the staff roster to accurately reflect any changes to staffing levels on a daily basis was also highlighted. Two areas for improvement were identified in this regard.

The inspector advised the registered manager to consider developing a specific procedure for staff in the event of a colleague being delayed in not arriving at work due to unplanned circumstances. This procedure would help to promote the safety of the service users by clearly outlining the actions required by staff to ensure that other staff members were made available.

A competency and capability assessment had been completed for the person who was in charge of the day centre in the absence of the registered manager.

There has been no newly recruited staff since the previous care inspection. The day care worker in the setting is an experienced member of staff and had transferred from another day care setting within the SHSCT. There was reference in the day care setting's handover book that the day care worker had an induction into the new setting but information maintained was limited. The registered manager confirmed that on occasions staff are redeployed from other day care settings in the locality to help facilitate staff leave. The inspector advised that a comprehensive induction record should be maintained for any staff newly appointed or temporarily redeployed to the Binnian Lodge, to ensure that they are sufficiently orientated and aware of arrangements specific to the setting and service users care records.

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

Discussion with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. Staff confirmed training was ongoing and they had training opportunities over and above mandatory requirements; some training available would be specific to individual service users. Additional training provided included; enteral feeding, epilepsy, capacity and consent and falls management. A review of staff training records highlighted that some mandatory training was out of date for staff, such as food hygiene and infection control. This was highlighted to the registered manager and following the inspection RQIA received confirmation that this had been satisfactorily addressed. The need to ensure that mandatory staff training is achieved within expected timescales was stressed. The inspector advised that the registered manager's training plan was to be revised to include the training requirements of all staff. This will be reviewed at future inspections.

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 and the SHSCT governance

department. In addition, the day care worker had access to and was familiar with the RQIA guidelines for statutory notification of events. A review of the records evidenced that there had been one incident recorded since the previous inspection and this was noted to have been managed appropriately.

The day care worker reported that there were no restrictive practices in place within the setting other than the use of belts for specific service users who use wheelchairs. This decision has been made following assessment by the Occupational Therapist in agreement with the service user and their representative. A review of one service user's records evidenced that this arrangement was reflected in the care plan which was agreed with the service user with review planned at regular intervals.

There were no recent or current adult safeguarding referrals or investigation records to examine. The registered manager confirmed that although the SHSCT do not have a specific safeguarding policy the trust's safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership Policy, July 2015 and its associated Operational Procedures, September 2016. Discussion with the registered manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals and an adult safeguarding champion is identified for the SHSCT. Discussion with staff established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

The day care worker described the arrangements in place for management of service users' monies for lunch within the day care setting. A review of financial records detailing how the monies/transactions were managed highlighted that the records were maintained in duplicate formats, with copies sent to the SHSCT finance department. The inspector provided advice that receipts should be signed by the service user as well as staff to confirm such transactions. If a service user is unable to sign the receipt, a second staff member's signature should be recorded. The day care worker agreed to address this with immediate effect.

Observations of the environment concluded that it was clean and tidy. Discussion with the day care worker and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

Records examined identified that a weekly safety fire alarm test was undertaken; records of these tests were recorded in a duplicate book, with a copy retained in the day care setting and a copy forwarded to the SHSCT fire officer. It was noted that the last full evacuation drill was undertaken on 15 September 2017, and the day care worker confirmed that another drill was planned within the next week. A fire risk assessment was completed on 3 July 2017, with no outstanding actions identified; a review date is set for June 2019.

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

Service users' comments:

- “We would recommend the day centre.”
- “I feel safe here, staff know what they are doing and seem to be well trained.”

Staff comments:

- “There are good training opportunities.”

Professionals’ comments:

- “Staff are always professional.”

Five service users and/or relatives’ questionnaires were returned to RQIA. Four responses indicated that they were very satisfied that the care provided was safe. One response indicated that they were satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk management, management of restrictive practices, adult safeguarding and fire safety practices.

Areas for improvement

Two areas for improvement were identified with regards to ensuring adequate staffing levels are available for the assessed needs of service users and that rota information maintained accurately reflects the staff on duty at all times.

	Regulations	Standards
Total number of areas for improvement	0	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 was outlined in the Statement of Purpose.

It was observed during the day of inspection that the two care staff on duty were both occupied for approximately 20 minutes, while providing care to a service user within a communal bathroom. While the remaining service users where observed to be comfortable and content within another communal area, this resulted in the staff not being readily available. The need to ensure that staff can effectively support and/or respond to service users’ needs in a timely manner at all times was stressed. Service users’ risk assessments should also be used, as appropriate, to inform and guide current staffing levels and deployment to ensure that the assessed care needs of service users are met in a safe, effective and compassionate manner. The registered manager provided assurances that a review of staffing arrangements was being undertaken with regards to this matter.

Two service users’ individual files were inspected. They contained referral information; service user agreements; day care setting assessments; individualised care plans with activity plans;

moving and handling assessments; transport assessments and personal evacuation escape plans. Care plans were noted to be comprehensive, person centred, holistic and took into consideration service users' human rights. With service users' goals and personal outcomes recorded and planned for. Care plans were signed by service users to reflect agreement.

It was positive to note that service users had a pre-admission meeting prior to commencing attendance at the day centre. However, the inspector noted on review of two service users' care files that the pre-admission meeting record had not been dated or signed by the service users. The inspector advised the need to ensure that records are dated to provide a contemporaneous record of events and service users' signatures should be obtained to evidence consultation. If a service user is unable or unwilling to sign, the reason for this should be documented. It was also noted that a service user's activity care plan had not been updated to coincide with provision of an additional day at the day centre. An area for improvement was made in regards to these issues.

There was evidence that a file audit had been undertaken within the two service users' care files examined. Records were observed to be stored safely and securely in line with data protection requirements.

Discussion with staff confirmed that they use care records to guide their practice and therefore recognised the importance of ensuring that records remained current and relevant. There was evidence that care plans were reviewed and that up to date assessments were requested from the multi-disciplinary team as required.

Staff spoke confidently and knowledgably about the individual needs of service users and how best to support each service user recognising and taking into account individual preferences.

The inspector evidenced that systems are in place to review each service user's placement within the centre and ensure that it is appropriate to meet their health and social care needs. There was evidence in the care records viewed that service users had access to an initial care review and an annual care review and they were involved in the review process.

Evidence was provided to verify that 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.

Service users confirmed that they would be comfortable speaking to staff or the registered manager if they had any concerns or complaints. One service user commented: "Haven't had to make a complaint but would know how to do so." Services users indicated that they had open lines of communication with staff and were confident that the staff should respond appropriately. The Statement of Purpose provides information about how to make a complaint. The SHSCT is also able to provide its complaints leaflet in different formats, on request.

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

Service users' comments:

- "There is good communication with staff, they keep you updated."
- "You are involved in care planning and reviews."
- "I would feel comfortable raising any issues with staff."

Staff comments:

- “I feel we are able to meet the needs of current service user group.”

Professionals’ comments:

- “There are always activities going on when I visit.”

Five service users and/or relatives’ questionnaires were returned to RQIA. Four responses indicated that they were very satisfied that the care provided was effective. One response indicated that they were satisfied that the care provided was effective.

Areas of good practice

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

Areas for improvement

An area for improvement was identified with regards to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Observations of practice on the day of inspection evidenced staff were confident and effective in their communication with service users and interactions were proactive and timely. Staff communicated with service users respectfully and their interactions were noted to be friendly and cheerful which promoted a relaxed atmosphere. A notice board was maintained that informed the service users of the available menu and activities for the day. The room was noted to have service users’ craft work on display. Discussions with staff reflected the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere which aimed to support and encourage service users to remain active and independent.

Discussions with staff regarding the activities planned confirmed that they were tailored to meet the needs of service users, as well as promoting their strengths and providing choice. A review of the activities programme evidenced that it was varied including: arts and crafts, quizzes, dominos, liaison with local community resources for Boccia, I.T. training course and outings. Observations of service users taking part in activities on the day of inspection found that participation was enthusiastic.

Observations of the lunch time meal confirmed that service users were given a choice in regards to the food and drinks. Staff provided levels of support consistent with service users’ individual needs. Staff afforded service users adequate time for lunch. The food appeared

appetising and staff wore appropriate aprons when serving the lunch time meal. All service users spoken with confirmed that they were satisfied with the choice of meals served.

Service users confirmed that their views and opinions are taken into account in all matters affecting them on a day to day basis and more formally with regular service users meetings and an annual quality satisfaction questionnaire. A review of the annual quality assurance survey completed in June 2018 evidenced that service user feedback regarding the quality of the service was positive. A sample of comments included:

- “Happy with staff, feel safe here.”
- “Activities are focused on my needs, good variety.”
- “Staff are compassionate and caring.”
- “I’m happy with the way things are here, staff are dead on.”
- “Well supported in a fun way.”
- “It’s like a home from home.”
- “I am well looked after here and enjoy the banter and craic with everyone.”

Service user meetings were typically held monthly and a sample of minutes from service users’ meetings were reviewed for May 2018 and August 2018. The minutes reflected service users being consulted about activities and provided with the opportunity to raise any issues and create a wish list which the day care setting endeavoured to try to address as part of their activities and future planning. The meetings also evidenced sharing of information with service users with respect to estates issues and the day care setting’s Statement of Purpose.

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

Service users’ comments:

- “I like the company, its good craic.”
- “Staff listen to our views, we have service user meetings and can discuss things any time.”

Staff comments:

- “We are always asking and confirming with service users what they would like to do.”
- “Service users are treated with dignity and respect.”

Professionals’ comments:

- “A private space is always given for my meeting with service users.”
- “There is always a good atmosphere anytime I visit; I often hear the service users laughing.”

Five service users and/or relatives’ questionnaires were returned to RQIA. All responses indicated that they were very satisfied that the care provided to service users was compassionate.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspection sought to assess the day centre’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support.

The Statement of Purpose for the day care service was reviewed and the registered manager was requested to update the document to include the details of the newly appointed day care worker. A copy is to be forwarded to RQIA following the inspection. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

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

The registration certificate was up to date and displayed appropriately.

The day care worker could describe the processes in place to maintain effective working relationships with service users’ representatives and other relevant services. A review of documentation and discussions with a visiting professional evidenced that staff promote good working relationships and refers to or consults with a wide range of appropriate professionals when relevant.

The inspector examined the systems in place to monitor staff performance and ensure that staff received support and guidance. Staff confirmed that they were aware of their roles and responsibilities and lines of accountability and how to escalate any concerns. Discussion with staff on the day of inspection confirmed that had regular supervision although a comprehensive review of supervision records was unable to be completed during inspection as all records were not available. Information received by RQIA post inspection confirmed that staff supervisions were completed on a quarterly basis or more frequently. While it was noted that the annual appraisal of one staff member was out of date assurances were provided post inspection that it had subsequently been completed.

The day care worker advised that team meetings are typically held monthly. A review of a sample of minutes from team meetings evidenced that they included names and signatures of those in attendance, minutes of discussion, actions agreed with responsibility and time frame for completion. The minutes of meetings held in July 2018 and August 2018 evidenced staff receiving information regarding the Northern Ireland Social Care Council (NISCC) renewal procedures and Department of Health heat wave advice to be shared with service users. It was also positive to note that information was shared with staff and displayed on a staff noticeboard to develop their skills and knowledge and to improve outcomes for service users, for example, post falls pathway; guide on how to reduce risk of choking; patient safety alert: resources to support modification of food and drink; NISCC code of practice for social care workers and your right to raise a concern at work information leaflet.

Staff NISCC registration certificates were displayed on the wall in the office and were noted to be current.

The complaints record was reviewed. No complaints were recorded since the last care inspection on 6 June 2017. The day care worker was able to confidently describe the procedure in place for recording and managing complaints.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by a monitoring officer within the SHSCT, with the exception of December 2017 which had been discussed with RQIA at the time. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals and reported on the conduct of the agency. A review of the day care setting's last annual report was noted to follow the matters as outlined in Regulation 17 (1) and schedule 3.

The day care setting had a range of policies and procedures in place to guide and inform staff, which were available to staff in hard copy and electronically. Review of a sample of policies and procedures evidenced that some had been reviewed within expected timescales, for example, the policy relating to whistleblowing. However, other policies and procedures were either out of date, for example, the incident management procedure (dated October 2014), or not dated, as with the complaints policy. Following the inspection, feedback from senior management within SHSCT provided assurances that all policies and procedures specifically relevant to the day care setting were being systematically reviewed and/or updated. It was confirmed that the deadline for achieving this is 31 October 2018. The SHSCT further confirmed that other generic policies procedures were also to be reviewed and/or updated as necessary. In addition, RQIA have requested further written confirmation from the senior manager in relation to ongoing actions taken to review and/or revise identified policies. An area for improvement was stated for a third and final time.

The registered manager advised that staff have not received any information or training in relation to the introduction of the General Data Protection Regulation (GDPR) to support staff to be aware of and understand recent changes in this area. The inspector advised the registered manager to review guidance available on the RQIA website and to liaise with her senior manager regarding the day care centres' GDPR responsibilities. The registered manager agreed to action this.

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 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 data is used effectively and with individual service user involvement when a person centred care plan is developed.

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, a visiting professional and staff evidenced that they felt the service was well led.

Five service users and/or relatives' questionnaires were returned to RQIA. Four responses indicated that they were very satisfied that the service was well led. One response indicated that they were satisfied that the service was well led.

Areas of good practice

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

Areas for improvement

One area for improvement was stated for a third and final time with regards to policies and procedures.

	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 Ms Carmel McGrath, registered manager and the day care worker, 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 Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 18.5</p> <p>Stated: Third Time</p> <p>To be completed by: 1 November 2018</p>	<p>The registered person shall ensure that a review of policies/ procedures is undertaken as several hard copies were dated 2008 and 2011. These should be systematically reviewed every three years or more frequently should changes occur.</p> <p>The following information should be submitted to RQIA with the returned QIP:</p> <ul style="list-style-type: none"> • a list of updated day care policies and procedures. This should include the details of any significant changes as result of the review. • the SHSCT complaints policy • the SHSCT Incidents policy <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Extensive work has been undertaken by Head of Service and Registered Managers to revise and update those Policies and Procedures within MHDS remit - please see attached list. Review of further Trust-wide Policies and Procedures has been requested via Head of Service from the original authors - as detailed on the attached list.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that an accurate and contemporaneous record is kept of staff working each day and the capacity in which they worked.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staffing records on the 20th August 2018 as referred to in the report have been amended and now reflect staff present on this date. The centre's service user agreement has also been reviewed and amended to include service continuity arrangements for periods when staffing levels are reduced.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that at all times the staff on duty meets the assessed care, social and recreational needs of all service users, taking into account the statement of purpose, the size and layout of the day care setting and fire safety requirements.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Following review of one individual service user's assessed personal care needs the registered manager has sourced additional domiciliary support via the case manager to meet this individual's needs. This is</p>

	<p>in line with the current Statement of Purpose for Binnian Lodge.</p>
<p>Area for improvement 4 Ref: Standard 7.7 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and countersigned by the registered manager.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The one service user's pre-admission meeting documentation referred to during the inspection has been signed as requested and activity plan amended to reflect an additional day in day care. File audits are completed annually by the management team with the most recent audit being completed in July 2018. Individual files are also audited by the Trust Monitoring Officer during monthly monitoring visits.</p>

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



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