

Unannounced Care Inspection Report 20 and 27 June 2019



Glenside Adult Training Centre

Type of Service: Day Care Service
Address: 45A Derry Road, Strabane, BT82 8DY
Tel No: 02871 382950
Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a day care setting that provides care and day time activities for up to 55 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCCT).

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Victoria Young (acting manager)
Person in charge at the time of inspection: Victoria Young	Date manager registered: 27 November 2018 (acting manager)
Number of registered places: 55	

4.0 Inspection summary

An unannounced inspection took place on 20 June 2019 from 09.25 to 16.25 and the inspector returned on 27 June 2019 from 09.15 to 14.20 to conclude the inspection.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

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

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, regular evaluation of care records and the focus on service user outcomes within care reviews. Further areas of good practice were also noted in regard to communication between service users and day centre staff and other key stakeholders; the provision of compassionate care; staff training; and quality assurance.

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

Areas requiring improvement were identified regarding the environment, infection prevention and control and recording practices.

Service users' comments are included throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Victoria Young, manager and the senior 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 14 September and 5 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 September and 5 October 2018.

5.0 How we inspect

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

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that seven incidents had been reported to RQIA since the last care inspection on 14 September and 5 October 2018
- Unannounced care inspection report and QIP from 14 September and 5 October 2018.

During the inspection, the inspector met with the manager, senior day care worker, three registered nurses, four day care workers, three care assistants and a relative. Introductions were made to service users during the course of a walk around the setting; with individual interaction with twelve service users.

Ten service user and/or relatives' questionnaires were provided for distribution; no users/relatives' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

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

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

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

Four areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for three and not met for one.

The findings of the inspection were provided to the manager and senior day care worker at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 September and 5 October 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 14 September and 5 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 22 October 2018	The registered provider shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users- (a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Discussion with the manager confirmed that a detailed review of staffing levels were undertaken following the previous care inspection and staffing levels are maintained in line with the outcome of the review.	
Area for improvement 2 Ref: Regulation 26 (2) (d) Stated: First time To be completed by: 31 January 2019	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 issue must be addressed: <ul style="list-style-type: none"> Replace the identified corridor carpet. 	Not Met
	Action taken as confirmed during the inspection: The identified corridor carpet had not been replaced and this area for improvement will be stated for a second time in this report. Discussion with the manager confirmed that an expenditure request had been submitted requesting replacement floor covering.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 28.1 Stated: First time To be completed by: 31 October 2018	The registered provider should ensure that there is a current risk assessment and fire management plan available in the day care setting. The risk assessment and fire management plan is revised and action where necessary, or whenever the fire risk has changed.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A fire risk assessment was undertaken on 27 September 2018 and a copy of the assessment was available in the day centre on the days of inspection.	
Area for improvement 2 Ref: Standard 11.5 Stated: First time To be completed by: 31 October 2018	Records of, and receipts for, all transactions undertaken by the staff on each services user's behalf are maintained. Where the service user is unable to sign or choose not to sign, two members of staff sign and date the record.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed two service users' finance records and these records were found to be satisfactory.	

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 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 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. A review of the staffing roster for weeks commencing 04 June 2019 until 20 June 2019 evidenced that the planned staffing levels were adhered to.

Discussions with the manager, staff, a relative and service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

Observation and discussion with staff on duty on the days of the inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach.

The manager confirmed that staff employment records were held within the WHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The manager further confirmed that an induction programme was available for newly appointed members of staff. A review of the induction programmes noted it included areas such as adult safeguarding, confidentiality, health and safety, fire safety and infection prevention and control.

A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities. Discussion with the staff member confirmed that they were willing to undertake this role.

Staff consulted with on the days of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, epilepsy awareness, control of substances hazardous to health (COSHH) and information governance. It was positive to note that the day care setting provided training in regard to equality, diversity and human rights.

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 manager and the WHSCT governance department. Incidents and accidents are also audited on a monthly basis by a senior manager as part of the monthly quality monitoring visit. Discussion with the manager and a review of a sample of records since October 2018 evidenced that there is a robust and transparent system for recording, reporting and investigating any incidents and accidents in a timely manner. This includes the consideration of any lessons learnt. Review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

During discussion, staff presented as knowledgeable and informed, regarding service users' needs and the support they required in order to ensure their safety. Staff described the value they place on ensuring service users are relaxed, comfortable and empowered in the day care setting. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had. Staff 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.

Discussions with the manager and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The manager and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The manager confirmed that the organisation's safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding training. Discussion with the manager and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. The inspector identified a number of issues that were not in accordance with infection prevention and control best practice guidance. Continence pads were removed from their packaging and gloves and service user single use wipes were stored uncovered in bathrooms. This has been identified as an area for improvement.

The stained and faded corridor carpet had not been replaced as identified at the previous care inspection. This has been stated for a second time as an area for improvement.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 17 December 2018. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 27 September 2018 and the manager confirmed that the significant findings were being addressed. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. Information regarding registration details and renewal dates were maintained and available to the inspector.

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.

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

Service users' comments:

- "There is enough staff to take me out on the bus to go swimming and bowling."
- "The staff keep me safe and they are good to me."
- "I like coming here."

Relative's comments:

- "Excellent day centre."
- "I feel X is very safe in the centre and when she is out on trips."

Staff comments:

- "We work hard as a team to ensure that the service users are safe and have a good day in the centre."
- "Staffing levels have improved in the centre and we are able to provide a good variety of activities and outings."

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to infection prevention and control.

One area for improvement identified at the last care inspection has been stated for a second time. This area relates to replacing the identified corridor carpet.

	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.

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Review evidenced that the date of entry was unclear as staff recorded the date for example, 10 - 14 June and it was difficult to establish the actual date the event took place. Records were not clear and accurate. This has been identified as an area for improvement. Signatures were present in all of the files examined.

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

The manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives and records viewed verified this. It was positive to note that service users' previous objectives were reviewed and new objective's set and agreed at the care reviews. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

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

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.

No concerns were raised during the inspection with regard to communication between service users. Service users confirmed that they would be comfortable speaking to staff or the manager if they had any concerns or complaints.

Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and daily informal team discussions. They confirmed they felt well supported and could seek advice from the manager and senior day care worker as required. Staff meet at the start of each shift to discuss any issues and this enables them to plan for the day ahead and liaise as necessary with the multi-disciplinary team on behalf of service users.

Overall, it was clear that the staff work together to support the service users using a person centred approach that is safe, effective and meets their needs, within an open and transparent culture.

Discussion with the staff and service users assured the staff in this setting had responded to service users' wishes, feelings, opinion and concerns with the aim of ensuring service users were experiencing the most effective day care in this setting. Discussions between service users and staff were observed on the days of the inspection, staff encouraged service users to discuss their preferences and staff engaged them in developing their cognitive, physical and social skills through discussion and activities.

Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported. Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely.

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

Service users' comments:

- "Dancing is my favourite thing to do. I go to dance classes and I was on stage doing my dance."
- "The dinner is nice and I get lots to eat."

Relative's comments:

"X goes out on outings from the centre and is always involved in what is happening in the centre."

Staff comments:

- "We always ask the service users what they would like to do in the centre and they are always listened to as their views matter."
- "Service users are supported to make choices and independence is promoted."
- "We have good relationships with the community professionals and service users have been referred in the past for support."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the regular evaluation of care records, the focus within care reviews of outcomes for service users and communication between service users and day care staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in relation to recording practices.

	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.

The inspector sought to assess the day care setting's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and were encouraged to engage with the inspector if they wished.

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

Staff provided examples of how they promote service users' rights, independence and dignity and were able to demonstrate how service users' confidentiality was protected.

Service users confirmed they were asked their opinion regarding what they would like to do in the day centre and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in which included: inclusion dance group, swimming, bowling, arts and crafts, pottery, golf and outings to local restaurants and shops. A programme of planned activities and events were displayed within the day centre. The activity programme was noted as developing social and education opportunities for service users as well as their hobbies and interests.

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

The manager confirmed that service user meetings are generally held monthly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in March, April and May 2019 evidenced service user feedback being sought in regards to transport, the care review process, meals, activities and outings. The minutes also reflected information provided to service users with regard to health and safety.

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. Condiments were available for service users' use if required. 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.

Discussions with staff established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. They recognised that giving and obtaining consent is a process, not a one off event.

The inspector observed on numerous occasions, staff offering service users' choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences. Staff supported the inspector with interpreting some communication by service users; the inspector was able to clarify that the information provided was accurate by the service users' positive gestures and non-verbal cues.

Staff described the value they place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account.

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

Service users' comments:

- "Staff ask me where I want to go and take me out on the bus."
- "Great people here, they spend time with me and talk to me."

Relative's comments:

- "Staff are very good to my daughter, they know her so well and genuinely care about her."
- "Staff are kind to X."

Staff comments:

- "We respect the service users human rights and we offer them choice at all times, if they do not want to do a particular activity we offer them something else."
- "I feel the care is very compassionate. Staff are kind and sensitive towards service users' needs and the service users' needs are met."

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.

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

The registration certificate was up to date and displayed appropriately.

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

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. In addition, service users had access to a WHSCT easy read "Tell us what you think" leaflet and details were displayed on the notice board in the day centre with regard to how to make a complaint in the WHSCT and the role and contact details of the Patient and Client Council.

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

Discussions with the manager confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions or more often and that annual appraisal is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The regulation 28 monthly quality monitoring visits had been undertaken monthly by a senior manager within the organisation. A sample of the reports viewed for March 2019 to May 2019 provided evidence that the visits included engagement with service users, staff and professionals; a review on the conduct of the day care setting and development of action points and review of previous action points.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the 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 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
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

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

Service users' comments:

- "I know all the staff and can talk to them about anything."
- "Good place. I have no problems."

Relative's comments:

- "I know I can make a complaint but I have no reason to complain; the care is very good."
- "Staff are approachable."

Staff comments:

- "I am well supported by the new manager, very good communication between management and staff."
- "I have regular supervision and appraisal. I have no concerns."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement, staff supervision 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 Victoria Young, manager and the senior 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 Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2019</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 issue must be addressed:</p> <ul style="list-style-type: none"> • Replace the identified corridor carpet. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The carpet will be replaced.</p>
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Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting.</p> <p>Matters as detailed below should be addressed with immediate effect:</p> <ul style="list-style-type: none"> • continence pads should be stored in their original packaging until required for use • gloves and service user single use wipes should not be stored uncovered in bathrooms. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Additional cabinets have been purchased for all toileting areas, ensuring continence products and personal protective equipment are appropriately stored in line with Infection, Prevention and Control guidelines. All products are stored within their original packaging until use.</p>
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<p>Area for improvement 2</p> <p>Ref: Standard 7.7</p> <p>Stated: First time</p>	<p>The registered person should ensure all records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed off by the manager.</p> <p>Ref: 6.5</p>
<p>To be completed by: Immediate from the time of the inspection</p>	<p>Response by registered person detailing the actions taken: Standard 7.7 reviewed with all members of staff. Individual records related to activity within the centre will be maintained for each service user, these will include assessments of need, care plans and care reviews, all personal care and support provided, changes in service user's needs or behaviour and any action implemented by staff. Also recorded will be changes in objectives, expected outcomes and associated timeframes, changes made to programmes of activities, unusual or changes in circumstances that affect service users and actions taken by staff, contact with representatives about matters or concerns regarding the health and wellbeing of service users, contact and liaison with the multidisciplinary team, records of medicines, incidents, accidents or near misses and actions implemented by staff. All records will be legible, accurate and up to date, signed and dated by the staff member completing the entry/record. Care File Audits will continue to be undertaken on a monthly basis by Centre Manager and Senior Day Care Worker ensuring that all records meet minimum standards and are signed off appropriately by all relevant persons.</p>

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



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