

# Unannounced Care Inspection Report 14 September and 5 October 2018



## Glenside Adult Training Centre

Type of Service: Day Care Service  
Address: 45A Derry Road, Strabane, BT82 8DY  
Tel No: 02871382950  
Inspector: Angela Graham

[www.rqia.org.uk](http://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

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 & Social Care Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health & Social Care Trust  <b>Responsible Individual:</b> Anne Kilgallen	<b>Registered Manager:</b> Oonah Cassidy
<b>Person in charge at the time of inspection:</b> Oonah Cassidy	<b>Date manager registered:</b> 27 September 2010
<b>Number of registered places:</b> 55	

### 4.0 Inspection summary

An unannounced inspection took place on 14 September 2018 from 09.05 to 15.35 and 5 October 2018 from 09.10 to 15.45.

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, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements supporting well led care in the setting.

Areas requiring improvement were identified in one domain as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “I like it here; staff help me when I need help”, “I do lots of things when I’m at the centre and my favourite is dancing”, “this a good place”, “we go out on the bus to go bowling” and “I know all the staff and Oonah is in charge; Oonah and all the staff are good to me”.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Oonah Cassidy, Registered Manager and Tiarna Cassidy, 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 10 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 May 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
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and Quality Improvement Plan (QIP)
- Pre-inspection assessment audit.

During the inspection, the inspector met with the registered manager, nine care staff members, two ancillary staff members, two relatives and twelve service users. The registered manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Ten questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

At the request of the inspector, the registered 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 within the timescale requested.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users and relatives who were not available on the days 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 the registered manager to be displayed in the day care setting for service users.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Records confirming registration of staff with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC)
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Service users financial records
- Fire safety risk assessment
- Fire drill records
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

One area for improvement was identified at the last care inspection. This area for improvement was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Oonah Cassidy, Registered Manager and Tiarna Cassidy, Day Care Worker, at the conclusion of the inspection.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 10 May 2017**

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 10 May 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
<p><b>Area for improvement 1</b></p> <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that the building is kept clean and hygienic at all times, and decorated to a standard acceptable for the service users. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> <li>• The external cladding of the 'Intensive Support Unit' sectional building was in very poor condition. Suitable remedial works should be undertaken to replace this damaged cladding, and to redecorate the exterior of this building.</li> <li>• Repaint the identified areas within the 'Intensive Support Unit' (paintwork marked/chipped).</li> </ul>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Since the previous care inspection the Western Health &amp; Social Care Trust have replaced the Intensive Support Unit with a purpose built unit. The unit is completed to a high specification. This is commendable.</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.**

The inspector reviewed the day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

A review of the staffing roster for weeks commencing 20 August 2018 until 5 October 2018 evidenced that the planned staffing levels were not always adhered to. Discussions with the registered manager and staff confirmed that they were satisfied that staffing levels were adequate to meet the needs of the service users when planned staffing levels were in place.

However, a number of staff stated that when staffing levels were affected by short notice leave, this can impact on their ability to deliver planned activity programmes. Staff stated that it was difficult to obtain cover for short notice absenteeism however acknowledged that management offered support and assistance to the best of their ability. It was therefore recommended that the identified needs of service users should be assessed, specifically for the purpose of ensuring that staffing levels are appropriate for the assessed needs of service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A copy of the assessment is to be forwarded to RQIA and an assurance provided that the appropriate staffing levels will be maintained. This has been identified for an area for improvement under the regulations.

The inspector also sought staff opinion on staffing via the online survey. However, no responses were received.

Service users spoken with indicated that they were well looked after by the staff and felt safe and happy in the day care setting. The inspector also sought the opinion of service users/relatives on staffing via questionnaires. Ten questionnaires were returned. The respondents indicated that they were very satisfied with the staffing arrangements.

The registered manager confirmed that staff employment records were held within the Western Health & Social Care Trust human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The registered manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding. It was identified that an induction process was in place for staff covering at short notice due to unplanned absence. This practice is commended.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Observation of and discussion with staff on duty demonstrated a clear understanding of service users' needs and how those needs should be met. They described the training they received as effective and of a good quality and stated that it provided them with the skills and knowledge to fulfil their roles and responsibilities. Discussion with staff and review of a sample of staff training records concluded staff had received mandatory since the previous care inspection such as fire safety, moving and handling and adult safeguarding training. It was positive to note that staff received training in addition to the mandatory training requirements such as: TEACHH and information governance.

Safeguarding procedures were understood by staff members who were interviewed and they confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

The registered manager confirmed that the Western Health & Social Care Trust has adopted the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its



associated Operational Procedures, September 2016 and that an Adult Safeguarding Champion had been identified. 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 appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Records were being maintained in respect of money paid by service users for outings and meals etc. However receipts were not retained within the day care setting. Discussion with the registered manager confirmed that receipts were obtained, however they were returned to the service users at the end of each week. It is recommended that a copy of receipts for items purchased on behalf of service users be retained within the day care setting. This has been identified for an area for improvement under the standards.

The day care setting's governance arrangements in place that identify and manage risk were inspected. All incidents and accidents were recorded on an electronic system which was reviewed and audited by the registered manager and the Western Health & Social Care Trust governance department. A review of a sample of incidents and accidents since the previous inspection was undertaken and provided assurances that they had been managed appropriately.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and generally clean throughout. The review identified a corridor carpet presented with evidence of wear and was stained. This has been identified for an area for improvement under the regulations. There were no obvious hazards to the health and safety of service users, visitors or staff. The day centre was tastefully decorated for Halloween.

Inspection of the internal and external environment identified that the day care setting and grounds were kept tidy, safe, suitable for and accessible to service users, staff and visitors. To the rear of the day centre there are beautiful gardens including a "secret garden". There are also raised vegetable beds and a large polytunnel.

The day centre won "The Best Kept Centre Award" in the Northern Ireland Amenity Council 2018 Best Kept Health and Social Care Facility Award. This is commendable.

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, monthly safety checks of fire doors; fire extinguishers; emergency lighting; water temperature and weekly fire alarm tests. Discussion with staff confirmed they were aware of the evacuation procedure.

Discussion with the registered manager confirmed that a fire risk assessment had been undertaken on 26 September 2018. However the report was not available in the day care setting on the day of inspection. This has been identified as an area for improvement under the standards.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff. There was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. Notices promoting good hand hygiene were in both written and pictorial formats. Staff training records confirmed that staff had received training in



infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Staff confirmed that they felt care was safe in this setting. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required. Staff commented on the good working relationships which exist with community support services and how they can access such support for service users. In addition staff had received training in first aid and fire safety.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

Discussion with service users and staff on the days of inspection revealed that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I have been coming here a long time and I always feel safe."
- "The staff make sure I'm safe."

Staff comments:

- "I feel we are offered good training and that includes safety training such as fire and moving and handling."
- "Staff work hard to ensure the safety of the service users in the centre and out on activities."
- "We carry out weekly fire bell checks and other fire safety checks are carried out monthly."

Ten service users and/or relatives returned questionnaires to RQIA. The respondents confirmed they were "very satisfied" regarding questions on "is care safe" in this setting. The respondents confirmed there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

Discussion with two relatives confirmed that they were "very satisfied" with the safe care in Glenside Adult Training Centre. Additional comments made by the relatives included "My son is well cared for here and I feel the care is very safe" and "this centre is the best you will get".

### **Areas of good practice**

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

## Areas for improvement

Four areas for improvement were identified in relation to staffing arrangements, the retention of service users' receipts, the environment and the fire risk assessment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

### 6.5 Is care effective?

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

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, 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. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

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. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed.

Discussions with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Glenside Adult Training Centre.

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. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Staff demonstrated a sound knowledge of individual services users' needs and behaviours and confirmed that a person centred approach underpinned their practice. They described how they focused on maximising opportunities for the mental and physical stimulation of service users by means of the individual activities programme which is available to the service users.

The activities offered to service users also included working with the local college where service users could choose courses which they wished to undertake.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. Service users were observed being supported in a line dancing class, art work, and engaging in a music session. Art work which had previously been completed was displayed around the centre and several service users enthusiastically engaged in conversation with the inspector describing their involvement in and enjoyment of the art work. Service users gave positive feedback regarding the activities and opportunities the day centre provided for them.

The day care setting's statement of purpose and service user guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service users regarding their right to advocacy support and the role of the patient client council.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussions with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the registered manager or day care worker in charge. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions.

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

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

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

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

Service users' comments:

- "I like the line dancing classes."
- "I get to go out on the bus shopping."
- "This is a good place and we do lots of different things here in the centre."

- “I get to choose what I want for dinner.”

Staff comments:

- “Care plans are regularly reviewed to ensure they are current and meet the needs of the service users.”
- “We work hard as a team to ensure that the service users get the best care.”
- “We have been working really hard the last few weeks to ensure the care has been delivered as there has been a number of staff off.”

Ten service users and/or relatives returned questionnaires to RQIA. The respondents confirmed they were “very satisfied” regarding questions on “is care effective” in this setting. The respondents also confirmed that they had got the right care, at the right time in the right place, staff knew their care needs, they were aware of their care plan and the care met their expectations.

Discussion with two relatives confirmed that they were “very satisfied” with the effective care. Additional comments made by the relatives included “the care my son gets is wonderful and he is happy coming to the centre” and “Oonah and the staff are all very caring and pleasant”.

The evidence indicates that the care provided in Glenside Adult Training Centre is effective in terms of promoting each service user’s involvement, development, enjoyment and wellbeing.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The inspection 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 staff encouraged them to engage with the inspector.

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

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 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 noted to be busy attending to the needs of service users and they took time to listen and reassure service 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 were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. 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 such as line dancing, woodwork, gardening, arts and crafts, inclusion dance group and outings.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely.

During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

The minutes of the three most recent service users meetings were reviewed during this inspection. The meetings had taken place on: 4 October 2018; 20 August 2018 and 28 June 2018. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. The inspector noted some of the areas recently discussed during meetings included activities, outings and college courses.

Discussion with service users and staff on the days of inspection revealed that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff always help me; they are nice."
- "We have fun in the centre."

Staff comments:

- "We promote independence and encourage service users to make choices about how they spend their day in the centre."

- “I’m here to provide the service users with a good standard of care and an enjoyable day.”
- “In my view the care is very good here.”

Ten service users and/or relatives returned questionnaires to RQIA. The respondents confirmed that they were “very satisfied” regarding questions on “is care compassionate” in this setting. The respondents also confirmed that they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Discussion with two relatives confirmed that they were “very satisfied” with the compassionate care in Glenside Adult Training Centre. Additional comments made by the relatives included “staff are always kind and helpful” and “staff genuinely care about the people that come to the centre”.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registration certificate was up to date and displayed appropriately.

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 registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in a manner that was easily accessible by staff in the office. The inspector reviewed a sample of policies and procedures and they were noted to have been updated in accordance with timescales outlined in the minimum standards.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Generally feedback was positive in respect of leadership they received from the day care workers and registered manager and effective team working. Staff spoken with

confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

The staff who met with the inspector appeared well informed on all aspects of the centre's operations and proved very capable in responding to all of the RQIA requirements for this inspection.

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 day care worker in charge and/or the registered manager.

Discussion with the registered manager confirmed that staff meetings were generally held monthly, and records verified this. The last meeting was held on 19 September 2018 and minutes were available. Previous staff meetings had been undertaken on 24 August and 2 July 2018. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. The registered manager confirmed that the minutes of the meetings were made available for staff to consult.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection.

Discussions with staff confirmed that a robust complaints management process is in place within the setting which is overseen by the Western Health & Social Care Trust complaints department. Service users are advised of what they can do if they are not happy with the service within the service user guide and the statement of purpose. A monthly audit of the complaints and compliments record was undertaken by the registered manager as part of the monthly health check. This was noted to be a comprehensive monthly audit tool which included monitoring of adult safeguarding incidents and referrals, number of care reviews undertaken and audit of staff training, supervision and appraisal in addition to other areas which contribute to the delivery of safe, effective and compassionate care.

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 an independent monitoring officer. Three quality monitoring reports were examined from July 2018 to September 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives. Review of staff training records confirmed staff had completed equality, good relations and human rights training.

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

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

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

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

Service users' comments:

- "I know the staff in the centre and I can talk to them anytime."
- "This is a good centre and everyone is good to me."

Staff comments:

- "I am happy working in the centre and have a good relationship with my colleagues."
- "I feel the staff have been under pressure recently due to the fact there has been some staff off but we have worked hard to ensure the service users' care has not been affected."
- "We have regular staff meetings and the minutes are always available to us."

Ten service users and/or relatives returned questionnaires to RQIA. The respondents confirmed they were either "very satisfied" or "satisfied" regarding questions on "is care well led/managed" in this setting. They confirmed that they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Discussion with two relatives confirmed that they were "very satisfied" that the care is well led/managed. Additional comments made by the relatives included "Oonah is a great manager and has been here a very long time; she knows all the people coming to the centre and is very kind to them all" and "Oonah and staff are great; I have no complaints".

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Oonah Cassidy, Registered Manager and Tiarna Cassidy, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 October 2018</p>	<p>The registered provider shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users-</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Review of Statement of Purpose and sufficient staffing analysis to meet service users needs completed and forwarded to RQIA on 08/11/2018. Additional need of 3 Band 3 Care Assistants identified and a recruitment process begun to recruit for additional posts, alongside the two vacant posts of Band 5 SDCW and Band 3 Care Assistant.</p> <p>The weekly planner/rota of activities is now completed a week in advance which enables the manager to have an overview of planned activities and ensures that there is the staffing ratio to manage assessed risk.</p> <p>The centre continues to use Agency Staff to cover vacant posts until permanently filled, and also to cover staff absences due to sickleave. All agency staff are provided with a comprehensive induction into the centre and the same agency staff requested/used, as much as possible, to ensure consistency.</p> <p>Band 5 Nurse and Band 5 Day Care Worker, both of whom have more than 8 years of experience working within Glenside will share Acting Up duties to Band 5 SDCW, until this post is permanently recruited to. They will Deputise in the absence of the centre manager. Both have the required qualifications and receive regular supervision from centre manager.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 26 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 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"> <li>• Replace the identified corridor carpet.</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A Minor Capital Works has been completed for the replacement of carpet at front foyer and throughout corridor. A Trust Managerial Audit was undertaken on the 9/11/18 which assessed the carpet as being appropriate.</p>
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2018</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Fire Risk Assessment and Management Plan Reviewed and Updated by Fire Officer Lewis Boyd on 7/11/18. This has been shared with all members of staff during Staff Meeting, and will be discussed during individual supervision sessions. Fire Safety is also a key element of all staff inductions. All actions (detailed below) have been addressed, and will be signed and dated on completion.</p> <ul style="list-style-type: none"> <li>• A referral has been made to Estates to check the Fire extinguishers, this is undertaken by Chubb. Completed 30.11.18</li> <li>• A method statement regarding evacuation in the event of a fire will be drawn up by the Fire Officer, which will include the new high dependency unit. This will be shared with the team once completed.</li> <li>• A weekly test of the alarm systems has been undertaken by staff as required. This includes the high dependency unit.</li> <li>• Fire training has been completed with the team on 26/9/18.</li> <li>• A Fire drill is scheduled to take place at the centre in December 18.</li> </ul>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2018</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Individual weekly records for all transactions are maintained by staff on each service user's behalf. Individual, corresponding receipts are attached to all records as appropriate, with service user's initial documented. Records are reconciled on a weekly basis, any change is receipted and returned to service user/parent/carter at the end of the week and all records countersigned by centre manager or senior day care worker in manager's absence. Records are available for review and discussion during annual care review meetings or as and when required.</p>

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



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