

# Inspection Report

16 September 2024



## Windsor Day Centre

Type of service: Day Care Setting  
Address: 2a Rathfriland Road, Newry, BT34 1JN  
Telephone number: 028 3083 5430

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust	<b>Registered Manager:</b> Mrs Geraldine Carragher
<b>Responsible Individual:</b> Dr Maria O'Kane	<b>Date registered:</b> Acting Manager
<b>Person in charge at the time of inspection:</b> Deputy manager	
<b>Brief description of the accommodation/how the service operates:</b> This is a Day Care Setting that provides care and support to a maximum of 60 service users who have a range of complex care needs including Physical Disabilities, Learning Disabilities and Autism. The staff deliver a programme of day care and day time activities from Monday to Friday. All care is commissioned by the Southern Health and Social Care (HSC) Trust.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 16 September 2024 between 10.05 a.m. and 6.00 p.m. The inspection was conducted by two care inspectors.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management were also reviewed.

During the inspection a number of concerns about the quality of care and service within Windsor Day Centre were identified, specifically in regard to the managerial oversight and governance arrangements, staffing arrangements, selection and recruitment processes and the system for monitoring the quality of the service provided. In view of these concerns, RQIA invited the Responsible Individual to attend a Serious Concerns Meeting on 30 September 2024.

Prior to this meeting an action plan was submitted to RQIA. At this meeting, the representatives of the Responsible Individual provided a full account of the actions they had taken and/or planned to take to achieve full compliance with the Regulations.

RQIA considered the information and decided to take no further action at this stage. RQIA will continue to monitor and review the quality of service provided in Windsor Day Centre and may carry out an inspection to assess compliance with the Regulations. It should be noted that continued noncompliance may lead to further enforcement action.

Details of these matters and other areas for improvement identified during the inspection are included within the Quality Improvement Plan (QIP).

Good practice was identified in relation to service user engagement.

We wish to thank the person in charge, service users, and staff for their support and cooperation during the inspection process.

### **3.0 How we inspect.**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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 services, 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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

### **4.0 What did people tell us about the service?**

During the inspection we spoke with a number of service users and staff members, we observed a number of service users being supported by staff to participate in a range of activities. Staff were observed to be supporting service users in a caring and compassionate manner.

The majority of information provided indicated that they had no concerns in relation to the care and support provided within the day care setting. Comments made by some staff in regards to the staffing arrangements were discussed with the person in charge during the inspection and at the meeting held on 30 September 2024, and assurances were provided that the current arrangements would be reviewed.

Comments received included:

**Service users' comments:**

- "I like it here."
- "Good."
- "Happy."

**Staff comments:**

- "Love it here and I feel supported."
- "We do not get breaks, we have a working lunch and that suits us."
- "Service users are safe and their needs are met."
- "Service users are well cared for."
- "We can be asked to provide cover in other day centres at times."

No questionnaires were returned.

There were no responses to the electronic survey.

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last care inspection of the day care setting was undertaken on 11 November 2022 by a care inspector. No areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Are there systems in place for identifying and addressing risks?**

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

Staff who spoke with the inspectors had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that are required to be reported in accordance with the regulations. The review of records relating to incidents that had occurred within the day care setting indicated that they had been managed appropriately.

Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

The person in charge advised that no service users required their liquid medicine to be administered orally with a syringe. The person in charge was aware that should this be required, a competency assessment would be completed before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspectors demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. The day care setting maintains an electronic register of those service users who have a DoL in place. In the majority of instances where a service user was experiencing a deprivation of liberty, their care records contained details of the DoL. It was noted that staff need to update the care plan of one service user in regards to a DoL in place. An area for improvement has been identified.

Discussions with staff identified that there are limited arrangements in place for staff to have sufficient breaks whilst on duty. It was also noted that some staff have their break whilst continuing to provide supervision and support to service users.

Further shortfalls were noted in regard to staffing arrangements within the setting, namely: discussion with the person in charge, feedback from staff and review of records evidenced that staff who were on duty had been frequently redeployed to other Trust day care settings which adversely impacted on staffing levels within Windsor Day Centre.

Given the complex needs of the service users and the level of supervision they require, RQIA was concerned that such arrangements have the potential to negatively impact the health and wellbeing of service users. This was discussed with the during the meeting with the provider and assurances provided that staffing arrangements would be reviewed. An area for improvement has been identified.

It was identified that some finance records retained by the day care setting were recorded in pencil which is not in keeping with good record keeping. In addition, it was identified that a room used to store archived care records and confidential waste was very cluttered and unlocked. An area for improvement has been identified.

Observation of the environment identified a number of risks. We observed a large amount of broken furniture or faulty equipment present in a number of areas within the day care setting. We immediately requested that some of this be removed to a more suitable place given the needs of the service users and the risks of potential injury.

We observed that a number of chairs/sofas currently in use within the day care setting were worn or damaged and needed replaced and that a large amount of equipment no longer in use being stored in corridors within the day care setting.

We noted that service users could access a number of outside areas leading from their activity rooms. The garden and outside recreational areas are on several different levels and there was equipment such as benches and swings for the enjoyment of service users. A number of the benches were positioned next to metal railings and there was potential that service users may be able to climb on the benches and access the railings and, given the significant drop at the other side, sustain injury if they jumped or fell. This was discussed with the person in charge and action taken immediately to reduce the potential risk to service users who access these outside areas.

We observed that cleaning materials were not being stored in accordance with Control of Substances Hazardous to Health (COSHH) regulations.

In a number of the activity rooms, water bottles belonging to staff were not stored appropriately. As a large number of service users have SALT recommendations in place, it is important that any food or fluids within the day care setting are stored safely. These environmental deficits have been identified as an area for improvement.

It was noted that a room used to store medication was unlocked, we requested that this be locked immediately and discussed with the person in charge the need to ensure that it remained locked at all times. An area for improvement has been identified.

A Fire Risk Assessment had been completed and there was evidence of required fire safety checks having been completed. Fire exits were observed to be unobstructed during the inspection.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with staff, it was good to note that service users were supported to participate in the process of devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had facilitated service user meetings on a regular basis which enabled the service users to have an input into decisions relating to the day care setting and any activities they would like to become involved in. Some matters discussed included:

- Activities
- RQIA
- Staffing
- Environment

Some comments included:

- “Dinners are lovely.”

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives’ feedback. Some comments included:

- “The centre is excellent and they attend to my needs.”
- “Happy with the care my daughter receives.”

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be modified to a specific consistency.

There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users’ wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the day care setting’s staff recruitment records and discussions with the person in charge evidenced that one staff member had commenced employment within the day care setting without an enhanced AccessNI check being obtained immediately prior to their appointment. The person in charge advised that such checks were not routinely carried out for those staff who are internally appointed by the Trust to work in Windsor Day Centre from other areas within the Trust. Such an arrangement is not in keeping with Regulation and has the potential to place service users at risk of harm. An area for improvement has been identified.

Although there was evidence that checks were made to ensure that staff were registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC), it was difficult to determine if all staff were appropriately registered.



This was because there were significant discrepancies in the information reviewed relating to the list of staff working in the Day Care Setting, training records, and fire drills. An area for improvement has been identified.

The person in charge advised that there were no volunteers providing support within the day care setting.

### **5.2.5 What are the arrangements for staff induction and training?**

It was noted that an Induction Checklist was in place for new staff who had commenced employment within the day care setting, however, the information did not contain details of the induction content, the specific dates of induction or any mandatory training that had been completed during that time. Therefore, it was difficult to ascertain if the induction provided to staff was robust or effective. An area for improvement has been identified.

Whilst the day care setting had maintained a record of training completed by staff, due to the large number of inconsistencies identified across a range of staff records, it was difficult to ascertain if staff had completed the relevant training to enable them to fulfil their job roles. An area for improvement has been identified.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

During the inspection shortfalls were noted in relation to the quality of managerial oversight and governance arrangements; for example, accurate details of the number of staff currently employed within the day care setting could not be provided and there were further discrepancies noted across other staffing records, as noted in Section 5.2.4 and 5.2.5 above. The range of issues identified during this inspection calls into question the effectiveness of the current managerial oversight and governance. An area for improvement has been identified.

Whilst there was evidence of a system in place for monitoring the quality of the service provided in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007, a. number of the matters identified during the inspection had not been identified during these monitoring visits, despite the person completing the monitoring being charged with examining many of the same records that were reviewed as part of this inspection. Furthermore, the monitoring process had failed to identify some of the environmental risks highlighted during this inspection. An area for improvement has been identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. It was identified that no complaints were received since the last inspection. A large number of compliments had been received.



There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend.

It was discussed with the person in charge the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. An area for improvement has been identified.

The Service User Guide is required to be updated with RQIA's contact details. The person in charged agreed to update this following the inspection.

It was also noted that the Manager is currently responsible for managing four other Day Care Settings within the Southern HSC Trust in addition to Windsor Day Centre; in view of inspection findings, RQIA is not currently assured that this arrangement allows them to maintain a meaningful and sufficient presence within Windsor Day Centre so as to ensure effective and consistent managerial oversight. The manager had submitted an application to RQIA for registration as manager; this remains under consideration.

## 6.0 Quality Improvement Plan/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 Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	8

The areas for improvement and details of the QIP were discussed with the person in charge and a senior manager, as part of the inspection process and at the meeting with representatives of the registered person and can be found in the main body of the report. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13.- (1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that the day care setting is conducted so as—</p> <p>(a) to promote and make proper provision for the care and welfare of service users;</p> <p>The registered person shall undertake a review of current staffing arrangements to ensure that there are sufficient staff at all times to meet the needs of service users. This should include the arrangements in place relating to staff breaks whilst on duty.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The staff rota is prepared in advance to ensure there are safe staffing levels to meet the needs of service users attending the centre.</p> <p>The staff rota is reviewed each morning in the safety huddle to ensure there has been no change to the number of staff on duty and staffing levels remain sufficient to meet the needs of service users.</p> <p>Where workforce pressures are identified management will act to ensure safe staffing levels e.g. deployment of assistant managers to group rooms; seek support from other centres; review and change to planned activities etc.</p> <p>There is a daily record held at the centre recording the number of staff on duty each day and the number and details of service users in attendance each day.</p> <p>The Registered Manager has reviewed staff breaks with the staff team to ensure all staff are provided with appropriate breaks whilst on duty. An environmental risk assessment has been completed to ensure there are designated spaces within the centre for staff to have their break whilst they are on duty.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21.-(1) (a)(b) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall not employ a person to work in the day care setting unless—</p> <p>(a) the person is fit to work in the day care setting;</p> <p>(b) subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2.</p> <p>This relates to AccessNI checks being completed for staff appointed to work in the Day Care Setting.</p> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All external appointees to Windsor Day Centre have an Access Northern Ireland check undertaken as part of their pre-employment checks. Any issues of concern highlighted in Access NI are shared with appointing manager for consideration / decision before any final offers of employment are made.</p> <p>All appointees who are internal Trust candidates i.e. already an employee of the SHSCT are assessed by the recruitment team to determine whether or not an Access NI check is required.</p> <p>For internal transfers an Access NI check is undertaken when the candidate is moving from a non-regulated post to a regulated post OR where the candidate is in a regulated post but moving to work with a different service user group i.e. adults to children or vice versa.</p> <p>Trusts are engaging with RQIA and DOH in respect of this matter</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 11.-(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered provider and the registered manager shall, having regard to the size of the day care setting, the statement of purpose, and the number and needs of the service users, carry on or (as the case may be) manage the day care setting with sufficient care, competence and skill.</p> <p>This relates specifically to the registered manager ensuring that they have effective oversight of the day to day running of the day care setting and governance matters.</p> <p>Ref: 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The management rota has been reviewed and shared with RQIA. The Registered Manager is in Windsor on a rotational basis during operational hours, Monday to Friday. There is an Assistant Manager in Windsor Monday to Friday to support with the operational management of the service. The Windsor management team has the skill, experience and competence to meet the needs of the service users.</p> <p>Following the RQIA Inspection there was a review of staff, records held and maintained by the management team to ensure the records held were detailed and accurate and therefore providing the Registered Manager with good oversight of the day to day running of Windsor Day Centre. There is now one database which provides details of all staff, their training, NMC / NISCC registration, induction etc.</p> <p>There are a number of regular audits in place at the centre e.g. supervision, staff training, NMC / NISCC registration, medication. These audits provide assurance to the Registered Manager, Head of Service and Responsible Person. They will identify areas of good practice but also highlight areas for improvement.</p> <p>The Registered Manager facilitates a weekly governance meeting with the centres Assistant Managers. This provides a regular opportunity for the management team to come together to review operational practices, risk, incidents, restrictive interventions etc. The focus of these meetings are safety, quality, improvement and learning.</p> <p>The Registered Manager also coordinates and facilitates a monthly staff meeting which provides the opportunity for regular engagement with the staff team.</p> <p>Monitoring Officers visit the centre monthly and provide the Registered Manager with a detailed report following their visit.</p>

	<p>The Monitoring Officer is independent from the day centres and provides a critical eye using the RQIA Day Centre standards to highlight areas of good practice and identify areas for improvement. Following the RQIA inspection the Registered Manager and Head of Day Care met with the Monitoring Officer to share the inspector feedback regarding the monitoring visits and to ensure future visits are robust and provide a critical eye with a focus on service improvement.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the process used to monitor the quality of the service provided is sufficiently robust and effective to support them in reviewing the quality of all aspects of the service and in identifying risks, trends or areas requiring improvement in a timely manner.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The monthly monitoring report has been reviewed and updated with the Monitoring Officers. The new template is in line with the RQIA monitoring template. This revised report has been shared with RQIA.</p> <p>Any actions required or areas of improvement identified during the monthly monitoring visits are escalated to the Registered Manager through the monitoring officer report. The revised template now includes a RAG rating for mandatory training requirements to ensure appropriate actions are taken to achieve training compliance.</p> <p>Risks are identified within the centre and these are assessed, rated and management plans agreed to minimise risks identified. These risks are recorded in a Risk Register and this is shared with the Mental Health &amp; Disability Governance Team who will support as necessary.</p> <p>An annual quality service questionnaire is shared with service users and their carers for feedback. Feedback received informs service improvements within the centre and is summarised as part of the annual report.</p> <p>Safety huddles are well established within the service and are held each morning with the staff team. The focus of the huddle is to ensure the safety of service users and staff. A wide range of issues can be brought to the huddle for discussion and action.</p>

**Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021**
**Area for improvement 1**
**Ref:** Standard 5.6

**Stated:** First time

**To be completed by:**  
 Immediate and ongoing  
 from the date of inspection

The registered person shall ensure that individual service users' care plans are kept up to date and reflect their current care.

This relates specifically to DoLS in place.

Ref: 5.2.1

**Response by registered person detailing the actions taken:**

Service users care plans are audited by the management team to ensure all information is up to date and reflects current care arrangements for service users.

Any Deprivation of Liberty which has been authorised by Trust Panel is reflected in the relevant service user's care plan.

There is a Deprivation of Liberty Register held within the Centre. This documents all service users who have an authorised DoL or those who are deprived of their liberty but do not have an authorised DoLs as this is not required on the basis of the MCA flowchart. The DoLs register is audited monthly by the management team. Assistant managers audit service users care plans in supervision to ensure that all relevant service user information is accurate and up to date. The Registered Manager also audits and signs care plans and relevant documentation.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 19</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that clear documented systems are in place for the management of records. They should ensure that:</p> <ul style="list-style-type: none"> <li>• all the entries made within the records retained within the day care setting, including finance records, are completed in black ink in accordance with best practice</li> <li>• all information retained is accurate and up to date</li> <li>• all records are retained in a safe and secure manner.</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Finance records have been reviewed by the Admin Manager.</p> <p>All staff have been instructed and reminded that finance records must be completed in black ink in accordance with recording policy. Recording practices are being monitored within the facility to ensure compliance with this standard and to ensure the accuracy of records.</p> <p>All records within the centre are secured and stored in accordance with governance requirements.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the day care setting is maintained in a safe manner, and safe and healthy working practices are promoted.</p> <p>This relates specifically to:</p> <ul style="list-style-type: none"> <li>• the safe storage of substances hazardous to health</li> <li>• storage of staff food and fluids</li> <li>• the replacement of damaged chairs/sofas</li> <li>• the removal of equipment no longer in use</li> <li>• identifying hazards and risks within the day care setting in all areas accessed by service users, including outside areas.</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>An environmental audit is completed monthly to check compliance with health and safety standards. This is completed by a designated Day Care Worker. Any issues</p>



	<p>identified during audit are reported to management and rectified immediately.</p> <p>Environmental issues are discussed at the safety huddle each morning. The management team complete daily walk arounds in the centre to identify any issues of concern and ensure these are addressed immediately to maintain a safe environment.</p> <p>The regulated monthly monitoring visit now includes a check of the internal and external environment to identify any actual or potential hazards. These will be reported on the day to the person in charge to address immediately.</p> <p>Equipment which is no longer in use has now been removed from the centre and placed in storage.</p> <p>Damaged chairs and sofas have been removed and replacement furniture has been ordered. Any broken or damaged furniture going forward will be disposed of as soon as possible to maintain a safe environment.</p> <p>The exterior of the day centre has been reviewed to ensure the safety of service users. Any environmental issues noted are reported to the Trust Estates department immediately to request urgent follow up action.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that medicines held within the day care setting are stored safely and securely.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The medication store has had a key pad lock system installed and new signage has been put in place for the medication room. Medication is stored within a locked medicine cabinet within the locked store. As per medication policy/procedure, there is a lead Day Care Worker on duty daily who is responsible for medication and the key holder for the medication cabinet.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 21.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that all staff are registered with the appropriate professional body and that information relating to staff registrations is accurate and up to date.</p> <p>There should be an effective and robust system in place for effectively monitoring staff registrations.</p> <p>Ref: 5.2.4</p>

<p>Immediate and ongoing from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The systems for recording NMC and NISCC Registration information has been reviewed and updated. There is a matrix in place which outlines registration details of staff and highlights when registration is due for renewal. These records are now audited on a monthly basis by the Registered Manager and Assistant Managers to ensure regulatory compliance. These records are also reviewed by the Monitoring Officers during their monthly visits.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that all newly appointed staff complete a structured orientation and induction. A record should be retained of the induction program provided.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All new day care staff complete the Southern Trust Corporate Induction programme and the Day Care Induction specific to their role.</p> <p>The induction for day care support workers and day care workers is a module based induction and has been developed in line with the NISCC employee standards. All new staff are required to complete the induction booklet which evidences they have completed each module. The induction of new staff is overseen by a named mentor and each module successfully completed is signed off by one of the management team.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 21.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that all staff are trained for their roles and responsibilities. A record of all training completed should be retained.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Following the RQIA inspection a review of the mandatory training matrix database was undertaken. There is now one database which details all staff employed within the centre; all mandatory training and dates training completed. The training</p>

	<p>matrix has a RAG rating system built in which clearly shows training which is in date, due or overdue.</p> <p>The training matrix is audited monthly by the management team and is also reviewed by the Monitoring Officer during their monthly monitoring visits. Any issues identified will feature in the monthly report for follow up by management.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 12.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that a system is implemented whereby transport staff or an identified person check the vehicle at the end of each journey to ensure that no service users remain on the transport.</p> <p>A record should be retained of checks completed.</p> <p>Ref: 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>There is a transport Standard Operating Procedure in place within day care and transport services to ensure an identified member of day care staff check that all service users have arrived and are supported as appropriate to disembark the vehicle.</p> <p>Service users are signed on and off transport. A record is kept of time of arrival and departure for each service user. There is an identified transport lead Day Care Worker on duty each day to oversee this process. In addition the transport department are required to ensure that a final check of vehicles is undertaken at the vehicles final destination and a written record kept of same.</p>

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



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