Unannounced Care Inspection Report
25 October 2017

Foyle Disability Resource Centre

Type of service: Day Care Service
Address: Glen Road, Londonderry, BT48 0BX
Tel no: 028 7126 6593
Inspector: Maire Marley

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

1.0 What we look for

2.0 Profile of service

This is a Day Care Setting with approval for 89 places that provides care and day time activities for people living with a physical or sensory disability. The service operates Monday to Friday.

3.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust Anne Kilgallen	**Registered manager:** Cathal MacElhatton
Person in charge of the service at the time of inspection: Kevin Murray	**Date manager registered:** Kevin Murray appointed as acting manager 27/09/2016 in the absence of the registered manager

4.0 Inspection summary

An unannounced inspection of Foyle Disability Resource Centre took place on 25 October 2017 from 9.30 to 16.00 hrs.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the day centre environment, activities, communication between service users, staff and other key stakeholders, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Service users were asked to provide their views regarding the day care setting and said;

- “I really enjoy coming here,
- “Staff team are really good,”
- “If I had any concerns I would tell any of the staff they would all listen to you”
- “The centre is brilliant I really enjoy it”
- “I am happy here”
- “My care in the FDRC is second to none”

Areas requiring improvement were identified in relation to members’ agreements, complaints, documenting restrictive practices, development of health and wellbeing plans, annual quality report, communication notes and reviewing the dining room and menu.

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
Total number of areas for improvement	3	6

The number of areas identified for improvement includes three areas under the regulations and five areas under the standards.

Details of the Quality Improvement Plan (QIP) were discussed with Kevin Murray Manager (acting), Kitty Downey Head of Service (acting) as part of the inspection process. The timescales for completion commence from the date of inspection.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 October 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 submitted action plan
- the previous care inspection report and quality improvement plan (QIP)

During the inspection, the inspector met with the head of day care services, the manager, four care staff, and ten service users. The manager was provided with five questionnaires to distribute to service users and five questionnaires to distribute to relatives for their completion. The questionnaires asked for service users and relatives' views regarding the service, and requested their return to RQIA for their completion. The manager was requested to display a poster providing details for staff on how to submit their views on the service via the RQIA web portal. One staff member's questionnaire was returned to RQIA. The content of the questionnaire is discussed in the main body of the report.

The following records were examined during the inspection:

- complaints records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- elements of five service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- staff training information
- minutes of two staff meetings
- minutes of three service user advocacy meetings
- monthly monitoring reports from April to Sept 2017

Nine areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for each area.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent care inspection dated 15 November 2016

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Requirement 1

Ref: Regulation 16(1)

Stated: Third time

To be completed by:
31 March 2017</td><td>The registered provider shall ensure that a written care plan is prepared, in consultation with the service user or the service user's representative, as to how the service user's needs in respect of day care are to be met. This should include more detailed information on social needs.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Following the inspection dated 12 November 2015 RQIA met with representatives from the WHSCT on 25 November 2016. At that meeting RQIA were assured that the WHSCT were addressing the deficits identified in regard to care plans. The Trust had established a quality improvement team with representatives from day care, social and community teams and senior management with a clear remit to increase the number of person centred assessments and care plans. Inspection of three service users' individual records evidenced that significant work had been undertaken to improve the over-all content of the care documentation. Improvements were noted in the presentation and content of the care files, and the recently devised Health and Well Being plans. It was noted that the plans were person centred and reflected the service user involvement in the process. It was also acknowledged that the improvements are work in progress however the inspector was satisfied that the Trust would comply with this regulation.</td></tr>
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Requirement 2 **Ref**: Regulation 28(5) **Stated:** First time **To be completed by: 31 December 2016**	The registered provider shall maintain a copy of each monitoring report in the day care setting and shall make it available on request to RQIA; a service user or his representative; an officer of the Health and Social Care Trust in the area of which the day care setting is situated.	**Met**
	Action taken as confirmed during the inspection: The returned quality improvement plan, discussion with the manager and head of services along with the review of monitoring reports for the period April to September 2017 confirmed that this area for improvement had been addressed.	
Requirement 3 **Ref:** Regulation 13(1)(a) **Stated:** Second time **To be completed by: 31 December 2016**	The registered provider shall ensure that a written policy and guidance to staff on continence care is provided urgently.	**Met**
	Action taken as confirmed during the inspection: The response in the returned quality improvement plan, discussion with staff members and the manager confirmed that a written policy and guidelines on continence had been developed.	
Action required to ensure compliance with the Day Care Settings Minimum Standards 2012		**Validation of compliance**
Recommendation 1 **Ref**: Standard 3 **Stated:** First time **To be completed by: 28 February 2017**	The registered provider should provide each service user with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs.	**Met**
	Action taken as confirmed during the inspection: The review of care documentation established that each service user had an agreement in place.	
Recommendation 2 **Ref**: Standard 7.5 **Stated:** First time **To be completed by: Immediate**	The registered provider should ensure that individual case notes related to activity within the day care service are maintained for each service user. When no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.	**Met**

	Action taken as confirmed during the inspection: A review of five care records confirmed that this area of improvement had been addressed.	
Recommendation 3 **Ref**: Standards 8.2 and 8.3 **Stated:** First time **To be completed by: 31 December 2016**	The registered provider should ensure that records of 'Advocacy Group' meetings include the names of all those who attend and a record of the views expressed by service users and the management response to these.	**Met**
	Action taken as confirmed during the inspection: A review of the minutes of the "Advocacy Group meetings established that the minutes contained the names of those who attended and recorded the discussions of the meetings. A new template had been introduced and incorporated the actions to be taken and named the person responsible for the actions.	
Recommendation 4 **Ref**: Standard 17.10 **Stated:** First time **To be completed by: 31 December 2016**	The registered provider should ensure that monitoring officers interrogate evidence of the centre's operations with adequate vigour to ensure they can include accurate comments on the progress made in respect of any areas for improvement specified at a previous monitoring visit or, in RQIA's Quality Improvement Plans. Monitoring reports should provide evidence as to whether the day care setting is being conducted in accordance with minimum standards.	**Met**
	Action taken as confirmed during the inspection: The monthly monitoring reports detailed the progress made in regard to areas identified for improvement and reported on the progress made in relation to RQIA's Quality Improvement Plan.	
Recommendation 5 **Ref**: Standard 21.7 **Stated:** Second time **To be completed by: 30 September 2017**	Certified, Brain Injury Specialist Training should be provided for members of the staff team in FDRC, in keeping with each staff member's identified training needs.	**Met**
	Action taken as confirmed during the inspection: The manager reported training has been provided for staff from the organisation Headway. Further dates for this training had also been arranged.	

Recommendation 6 **Ref**: Standard 13.9 **Stated:** First time **To be completed by: 30 September 2017**	The centre has been operating for some time without 'Bus Guides' but the senior day care worker said that the recently improved staffing should allow their reintroduction by the beginning of 2017 and this is recommended. **Action taken as confirmed during the inspection**: The returned quality improvement and discussion with the manager, staff and service users confirmed that guide helps have been re-introduced to the buses and have been operating successfully from January 2017.	**Met**

6.3 Inspection findings

6.4 Is care safe?

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

Discussion with the manager, staff, service users and inspection of the rota evidenced that sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users. Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. The manager confirmed that a duty rota for guide helps had been re-introduced on the trust transport and was proving to be very beneficial in reducing incidents of challenging behaviour.

Discussion with service users evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The manager confirmed that a competency and capability assessment was undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the manager.

Training records evidenced that staff had received mandatory training relevant to their roles and responsibilities. Discussions with the manager revealed that additional training in areas such as Person centred planning, Huntington's disease awareness, Motivational Interviewing, Risk management and training in regard to Acquired brain injury was also provided. Further dates for the latter course had been arranged for the forthcoming month. Discussion with staff revealed that they viewed training as important to the delivery of safe, effective and compassionate care.

Discussion with staff confirmed that they were knowledgeable regarding their role and responsibility and were a team who sought to deliver safe person centred care. Discussion with and observation of staff confirmed that there was good communication to ensure that the team worked well together, communicated with each other regarding changes in service users' needs, the activity programme and to promote improved outcomes for service users.

The manager and staff reported that regular briefs held within the centre assured staff were kept up to date with relevant events.

Discussion with staff and a review of accident and incident records inspected indicated that the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Notifications submitted to RQIA corresponded with the centre records and it was evident that all such incidents had been handled safely and relevant risks identified.

The manager confirmed that an induction programme is in place for all grades of staff within the centre appropriate to specific job roles. There had been no new staff employed since the last inspection.

A review of care documentation found there was evidence of restrictive practices in place, such as arm and leg restraints for one service user and several service users were noted to be using lap belts; discussion with staff evidence that they had considered the practices in place and were aware of the reasons and purpose of the restrictions. Records viewed however did not confirm these restrictions were appropriately assessed, and minimised, and there was no evidence they had been reviewed with the multi-professional team, or consideration given in regard to best interests decisions. This is an area identified for improvement.

There was clear evidence that care/health and well-being plans had been completed in consultation with the service user and their carer, all were signed and dated by the relevant people involved in the service users' care.

The management team continue to be engaged in further revision of the format for care/health and well-being plans and demonstrated a strong commitment to achieving greater clarity in the presentation and the implementation of these. It was agreed with the manager and head of service that advice and guidance provided at the inspection would be considered by the quality review team and care documentation updated to reflect the guidance provided.

Discussion with the manager, staff and inspection of records and training records confirmed that whilst there had been no actual or potential safeguarding concerns, staff were knowledgeable in regard to the need to respond promptly and refer to the relevant persons/agencies in accordance with procedures and legislation.

An inspection of the environment revealed that it was clean, well maintained and furniture and catering equipment presented as fit for purpose.

Fire safety precautions were inspected and during the review of the environment it was noted that fire notices were appropriately displayed and exits were unobstructed. The fire risk assessment had been completed on 13th March 2017 and the manager reported there were no recommendations to address. Staff were observed to use the hand hygiene dispensers regularly throughout the day as they moved from area to area. Hand hygiene notices were visibly displayed in appropriate areas.

Three questionnaires were returned by service users and one relative within the time frame for reporting to RQIA post inspection, all responded they were very satisfied regarding the question "Is care safe". One questionnaire was returned by a staff member within the timeframe for reporting to RQIA post inspection. They also responded that they were very satisfied regarding the question, "is care safe?" in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, infection prevention and control and the centre's environment.

Areas for improvement

One area was identified for improvement and related to improvement in the recording of restrictive practices.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Since the previous care inspection, the trust has developed a range of quality assurance systems, through which operations are monitored and staffs' practice is evaluated. The systems included a monthly review of progress toward compliance with the Quality Improvement Plan from the previous inspection on 15 November 2016.

Inspection of three service users' individual records evidenced that the trust had been working to improve the over-all content of the care documentation. They had established a quality improvement team with representatives from day care, social and community teams and senior management with a clear remit to increase the number of person centred assessments, care and support plans.

Each file reviewed contained a photograph of the service user, an index sheet detailing the content of the file, a detailed needs assessment and a health and well-being plan. The health and well-being plan included information about the service user, their physical health and well-being, their personal journey and what was important to them in the centre and how staff would help them. This record did not provide sufficient information to direct and guide staff and would need further development to fully reflect the information required by Standard 6.8.

A range of risk assessments were in place based on assessed needs, these were found to be comprehensive and clearly detailed the management of risks.

Members written agreements were contained within care documentation and a review of these documents established that the agreement generally set out the terms of the day care placement, however further development is required with regard to the fees charged and the arrangements to manage these, along with the arrangements for reviewing the agreement and the period of notice required for the increase or variation to any fees.

Records were stored safely and securely in line with data protection.

Discussion with staff confirmed that they were knowledgeable regarding their role and responsibility to safeguard service users in their care; they confirmed if they had concerns they would report them to the manager or senior manager in the organisation and record their concerns without delay.

Staff detailed the communication methods that support their work and professional development such as daily communications, staff meetings, supervision, training and informal discussions. Overall the discussions revealed staff could confidently express their views and knowledge regarding safe and effective care and staff were being encouraged and supported to do this by the manager.

Communication notes are kept for each service user and related to the daily events and attendances, these records should be signed and dated after each entry and detail the action taken by staff in response to a service users' behaviour. This is identified as an area for improvement.

Service users were forthcoming about their experiences of participating in the centre's activities and of their friendships with others whom they had met at the centre. Records of annual reviews demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed.

There was evidence that systems are in place to review the service user's placement within the centre that ensures it is appropriate to meet their health and social care needs. Review reports were available in each of the files examined and these provided evidence of the service user's involvement in the review meeting.

The discussions with service users confirmed that they were aware of who to contact if they want advice or have concerns.

Evidence from discussions with service users and from written records confirmed that service users enjoyed activities, both within the centre and in the community. Within the centre there was well supported involvement in a range of activities, including arts and crafts, bowling, cooking and computers, all of which were set out clearly in a weekly activities schedule.

The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available rooms in the centre and community facilities, service users spoken with confirmed that they were at ease with making decisions as to the activities in which they participated.

Overall, there was evidence to indicate that the centre is effective in promoting each service user's involvement and wellbeing.

Three questionnaires were returned by service users and one relative within the time frame for reporting to RQIA post inspection, all responded they were very satisfied regarding the question "Is care effective". One questionnaire was returned by a staff member within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied regarding the question, "is care effective?" in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and staff, provision of activities, assessments of needs and review processes.

Areas for improvement

Three areas for improvement were identified during the inspection in relation to the further development of the members' agreement relating to charges/fees, the signing and dating of communication notes and the further development of the health and well-being plans.

	Regulations	Standards
Total number of areas for improvement	1	2

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 manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Staff members described the value of the day centre for service users and of the progress being made by many of those who attend. Throughout periods of observation staff interactions with service users were observed to be compassionate, caring and timely.

Discussions with staff regarding the activities they were delivering confirmed 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 bowling, computers, art and craft work, cookery, music activities and drama. On the day of inspection a group of service users went out to the community to play bowls and two service users proudly spoke of bowling trophies they had won over the years. The inspector commented positively on the range of art and craft work that adorned the walls of the centre, these had been completed by service users and added to the atmosphere and sense of ownership in the centre.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning and outings through service user advocacy meetings, informal discussions and their individual review meetings. Four service users spoken with could detail whom they would speak to if they had a concern and expressed confidence that any concerns would be addressed promptly. A further service user spoke of a concern regarding the variety and combinations of the meals provided, and the lack of action taken regarding this matter. This concern was passed to manager and id identified as an area of improvement in 6.7 regarding the management and recording of areas of dis-satisfaction.

The inspector had the opportunity to spend ten minutes observing the lunch time period. Observations established that the dining room required to be improved to ensure lunch time is an enjoyable and social experience for service users. A lack of available drinks was noted, tables were bare of any condiments, and meals were served with gravy /sauce already provided. This is identified as an area of improvement.

The menu was reviewed and indicated the menu was rotated on a two weekly cycle, rather than a three weekly cycle, the menu detailed that a vegetarian option was available on

request. The menu should be reviewed in consultation with service users and reflect their preferences and choices. This is identified as an area of improvement.

During the inspection staff were observed assisting and supporting service users in a sensitive manner, service users were encouraged to be involved in their care and be involved in decisions making about their care.

Formally service users are consulted in their service users' advocacy meetings and the annual review of their day care placement. The minutes of advocacy meetings were reviewed and it was noted some minutes had recorded service users dissatisfaction with the meals provided however there was no evidence that this had been addressed. The manager reported that these arrangements had been reviewed and produced evidence of a new template that had been devised to record the advocacy meetings, this template incorporated the names of attendees, the topic discussed, response time, actions taken by who and the outcome. It was good to note that the centre had deployed an independent advocate who was facilitating the service users' advocacy group meetings, the advocate also had plans in place to meet with carers. A newsletter to enhance communication between service users, staff and carers had been circulated and was a useful tool to inform people of proposed changes etc.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "I come to the day centre three days a week, and really look forward to it."
- "Staff treat me well. They are all helpful and caring"
- "I love going bowling."
- "I enjoy the craft work you can see what you have made"
- "I always feel safe here, no problems whatsoever."
- "The centre is always warm and clean."

During the inspection the inspectors met with three care staff. Some comments received are listed below:

- "There is a great support from the team here."
- "Service users are given choice as far as possible" They are involved in choosing activities, both in the centre and community and are involved in their care planning
- "I have had supervision and understand from now on it will be every few months, good communication between team and manager."
- "The service users are well looked after here and they choose what activities they wish to participate in."
- "There are regular briefing so everyone knows what they are doing"

Consultation with service users regarding compassionate care and three returned service users' questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected, they have choices and are involved in decisions.

One relative returned a questionnaire to RQIA post-inspection. The relative confirmed that they were very satisfied their relative was treated with dignity and respect and involved in decisions affecting their care. In addition the relative commented:

"My sister has attended the FDRC for 5 years; it has made a big difference to her life for the better. We as a family are very grateful for the service the centre the centre provides. The staff are approachable and lovely"

One returned staff questionnaire confirmed service users are treated with dignity and respect, encouraged to be independent and their views are sought and acted upon.

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, dignity and privacy, listening to and valuing service users and taking account of the views of service users in regard to activities and communication.

Areas for improvement

Two areas for improvement were identified during the inspection and related to the review of the dining room and a review of the menu.

	Regulations	Standards
Total number of areas for improvement	0	2

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 most up to date registration certificate issued on 01/12/2016 was displayed prominently in the reception area of the centre.

Three service users' files were examined and found to contain detailed information on the individual and on his or her assessed needs. As stated in 6.5 further development was needed in the health and well-being plans to fully reflect the key components of standard 5.

There are a range of policies and procedures easily accessible by staff to direct and inform their practices. The manager confirmed that these can also be accessed electronically from the trust website.

A whistleblowing policy and procedure is in place. Staff confirmed that they had no concerns about the practices of their colleagues and all were fully committed to the policy. All grades of staff spoken with were clear who they report to and what to do if they had a concern about a staff member or service user.

The manager reported that he had commenced a programme of supervision and this was evidenced in two staff files. Guidance was provided to the manager on organising and recording supervision sessions to ensure they are completed on a quarterly basis as specified in the minimum standards. Monthly audits of supervision are undertaken by the monitoring officer. Records confirmed staff appraisals were ongoing and it was confirmed targets had been set to ensure all staff received an annual appraisal.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to adult safeguarding concerns. The staff confirmed that there is good communication across the team and clear working together practices. Staff described the manager as supportive and stated they could speak to him for guidance or advice anytime.

Discussion with the manager and a review of records confirmed that staff meetings were held monthly. The last meeting was held on 29 September 2017 and it was noted previous staff meetings had been undertaken in August and July 2017and the manager confirmed that the minutes of staff meetings are always available for staff. The minutes reviewed reflected that staff opinions were sought and formed the basis of discussions. The minutes detailed the names of the staff who attended, a summary of the discussions, actions agreed and who was responsible for the action.

A review of the complaints record submitted to RQIA for the period April 2015 to March 2016 revealed there were no complaints for that period. The Trust has a corporate complaints procedure in keeping with the legislation and information in this regard was displayed throughout the centre. However during the review of the minutes of the self -advocacy meetings and discussion with service users it was established that areas of dis-satisfaction had been raised in regard to the meals served. The manager reported that only formal complaints are recorded and that a book is held in the reception area for service users to record any concerns or informal complaints. This record did not meet the required standard and is an area identified for improvement. Management must maintain a record of any area of di-satisfaction, the action taken to resolve the concern/issue and the outcome of the investigation. The record should detail if the complainant was satisfied with the outcome. There was no record of compliments maintained.

The manager advised that audits are undertaken for care records, accidents, and incidents during monthly monitoring visits and this was evident during the review of these records.

There was evidence that monthly quality monitoring visits are undertaken. The reports from April to September 2017 were submitted to RQIA and showed the visits provided a view regarding the conduct of the setting, included outcomes/action plans, and qualitatively reflected service users and staff views and opinions. The report should reference if the visits are announced or unannounced.

The annual quality review report for the financial year 2015/2016 had not been completed. Following the inspection discussion was held with the manager and he was requested to submit the annual quality review report to RQIA on completion.

Three questionnaires were returned by service users and one relative within the time frame for reporting to RQIA post inspection, all responded they were very satisfied regarding the question “Is care well led”. One questionnaire was returned by a staff member within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied regarding the question, “is the service well led?” in this setting.

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified and related to the record of complaints, annual quality review report and the monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kevin Murray acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Nine areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref**: Regulation 6.1 and 6.2 **Stated:** First time **To be completed by:** 31 December 2017	The registered person shall ensure that members' agreements detail any charges payable by or in respect of the service users and the arrangements to manage these, along with the arrangements for reviewing the agreement and the period of notice required for the increase or variation to any fees. Ref: 6.5
	Response by registered person detailing the actions taken: (Area for improvement completed) Through engagement with members as part of quality improvement plan a members agreement has been updated to reflect any charges payable by members and arrangements to manage these / notice periods for changes to same.
Area for improvement 2 **Ref:** Regulation 19.2 **Stated:** First time **To be completed by:** 31 December 2017	The registered person shall ensure that a record of any area of di-satisfaction, the action taken to resolve the concern/issue and the outcome of the investigation and record if the complainant was satisfied with the outcome. Ref:6.7
	Response by registered person detailing the actions taken: (Area for improvement completed) a feedback and action form has been introduced to record member's area of dissatifaction, the action taken to resolve same, the outcome and satisfaction level.
Area for improvement 3 **Ref:** Regulation 17.2 **Stated:** First time **To be completed by:** 31 31January 2018	The registered person shall submit to RQIA a report of the annual quality review report for the financial year 2015/2016.
	Response by registered person detailing the actions taken: (Area for improvement completed) Annual Quality Review Report forwarded to info@rqia.org.uk
Action required to ensure compliance with the Day Care Settings Minimum Standards 2012	
Area for improvement 1 Ref: Standard 17.9 Stated: First time **To be completed by**: 31 December 2017	The registered person shall ensure an audit of the dining room is completed and inform RQIA of the outcome of this audit.
	Response by registered person detailing the actions taken: (Area for improvement completed) Dining room audit is an ongoing process and a range of improvements have been suggested, including washable table cloths, (designs will be chosen by members) water jugs and extra condiments on tables. Enviroment of the dining area will continue to be reviewed through members advoacay meetings as part of quality improvement plan.

Area for improvement 2 Ref: Standard 5.2 Stated: First time To be completed by: 31 December 2017	The registered person shall ensure the support and well-being plan provides sufficient information to direct and guide staff in regard to the care and support each service user requires. Ref: 6.5
	Response by registered person detailing the actions taken: The registered person shall ensure the support and well-being plan provides sufficient information to direct and guide staff in regard to the care and support each member requries.
Area for improvement 3 **Ref**: Standard 10.4 and 10.5 **Stated:** First time **To be completed by:** 30 October 2017	The registered person shall ensure the arrangements in the dining room are improved to ensure lunch time is an enjoyable and social experience for service users. Fresh water should be available to all service users at all times. Ref 6.6
	Response by registered person detailing the actions taken: (Area for improvement completed) Dining room experience for members has been improved by providing fresh water, double condiments sets.
Area for improvement 4 **Ref**: Standard 7.4 **Stated:** First time **To be completed by:** 31 December 2017	The registered person shall ensure that communication dairy/notes are signed and dated after each entry. The record should detail action taken by staff in response to a service users' behaviour Ref. 6.5
	Response by registered person detailing the actions taken: (Area for improvement completed) Actioned immediately and staff compliant.
Area for improvement 5 **Ref**: Standard 10.1 and 10. 7 **Stated:** First time **To be completed by:** 31 December 2017	The registered person shall ensure that a nutritious and varied diet is available to service users which meet their individual and recorded dietary needs and preferences. Menus should be devised in consultation with service users. Ref: 6.6
	Response by registered person detailing the actions taken: (Area for improvement completed) All members have been surveyed by Support Services in January 2018 regarding food provision at GlenOaks. Survey results are expected early February 2018 at which time Support Services Manager will meet with members and staff. Members advocay meeting continue to identify any concerns about members meals which are then directed to Support Services staff for action.(please see advocacy meeting minutes for July 2017 re: white sauce provision and biscuit plates)

Area for improvement 6 **Ref**: Standard 17.10 **Stated:** First time **To be completed by:** 31 December 2017	The registered person shall ensure that the monthly monitoring visits detail if the visit was announced or unannounced. Ref: 6.
	Response by registered person detailing the actions taken: (Area for improvement completed) Actioned

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

The Regulation and Quality Improvement Authority

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