

Unannounced Care Inspection Report 13 September 2018



Foyle Disability Resource Centre

Type of Service: Day Care Service
Address: Glen Road, Londonderry, BT48 0BX
Tel No: 02871266593
Inspector: Marie McCann

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with approval for 89 places that provides day time activities for people living with physical and/or sensory disability and also users with an acquired brain injury. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Mr Cathal MacElhatton
Person in charge at the time of inspection: Day Care Worker	Date manager registered: 27 September 2010
Number of registered places: 89	

4.0 Inspection summary

An unannounced inspection took place on 13 September 2018 from 09.45 to 17.20.

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 knowledge of adult safeguarding processes, infection prevention and control practices, risk management, care planning and reviews, and communication between service users, staff and other key stakeholders.

Areas requiring improvement were identified in relation to staffing arrangements and fire safety practices, record keeping, monthly monitoring reports and staff supervision/appraisal.

Service users' comments are reflected throughout this report.

The findings of this report will provide the day centre 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	4

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, and acting head of services, 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 12 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 March 2018.

5.0 How we inspect

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

- The registration details of the day centre.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection on 12 March 2018.
- The previous two care inspection reports and the quality improvement plan from the inspection report 12 March 2018.

During the inspection the inspector met with the person in charge, the acting head of services, the assistant director, a day care worker, a care assistant and four service users.

The following records were examined during the inspection:

- three service users' care records
- two staff personnel records
- a sample of service users' daily records
- a sample of staff supervision and appraisal information
- the day centre's complaints/compliments from March 2018
- staff roster information for August 2018
- fire safety precautions
- activity programme for Autumn 2018 and Winter 2018
- a sample of minutes of service users' meetings for June 2018 and July 2018
- a sample of minutes of staff meetings for April 2018 and July 2018
- the day centre's record of incidents and accidents from January 2018
- a sample of monthly quality monitoring reports from January 2018
- Annual Review of Quality of Care Report April 2017 to March 2018
- Adult Safeguarding Policy
- Complaints Policy
- Whistleblowing Policy
- The Statement of Purpose
- Service Users Information Pack

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

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

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

The inspector would like to thank the person in charge, acting head of services, service users and staff for their support and co-operation throughout the inspection process.

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

The findings of the inspection were provided to the person in charge and acting head of services at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 March 2018

The most recent inspection of the establishment was an unannounced follow up care inspection. The completed QIP will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 31(e) Stated: First time	The registered person shall submit a notification informing RQIA of the change of name of the day care setting. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Following the inspection the inspector viewed information that had been provided to RQIA in relation to the changing of the day centre's name. The information has been forwarded to the registration team for processing.	

Area for improvement 2 Ref: Regulation 30 (5) Stated: First time	The registered person shall inform RQIA in writing of the return of the registered manager. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Following the inspection the inspector viewed information that had been provided to RQIA in relation to the changing of the day centre's name. The information has been forwarded to the registration team for processing.	
Area for improvement 3 Ref: Regulation 7 (a) (b) Stated: First time	The registered person shall revise the statement of purpose and service user's guide to reflect the change of name of the day care setting and management arrangements. The revised documents should be submitted to RQIA. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the revised Statement of Purpose was submitted to RQIA. While the Service User Guide had not been submitted to RQIA, a copy was provided to the inspector on the day of inspection.	

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.

Discussions with the acting head of services, the person in charge, staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The person in charge was able to describe measures that would be taken to ensure the safety of the service users if appropriate staffing levels could not be provided on any given day. However, discussion highlighted that there was no formal process in place for reviewing staffing levels. It was therefore recommended that the assessed needs of service users should be routinely 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. An area for improvement was made in this regard.

The duty rota information inspected evidenced the name of staff working and whether they worked in the morning and or afternoon. The inspector recommended that that the duty rota should clearly record: the person in charge, the hours worked and the designation of staff. An improved staff rota template was sent to RQIA following inspection and this was noted to be satisfactory.

Discussion with the person in charge and a review of records confirmed that a competency and capability assessment had not been completed for those staff left in charge of the centre in the absence of the registered manager. An area for improvement was made in this regard. Discussion with the acting head of services established that enquiries had been made to confirm that the staff member had sufficient experience and was knowledgeable regarding the day care setting regulations and standards to assume responsibility as the person in charge in the registered manager's absence. This was confirmed in discussions with the staff member.

There have been no newly recruited staff in the day care setting for a number of years; it was positive to note that the day care setting had an induction checklist for bank staff. A review of two of these records evidenced that they were signed by the inductee and the staff member providing the induction. Discussion with one of the staff members and review of their induction records confirmed that they received pertinent information regarding service users' individual care plans and risk assessments; however this was not reflected on the induction checklist maintained. The inspector advised that the induction checklist template should be updated to reflect this part of the induction process for bank staff.

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. The person in charge had recently developed an individual staff training plan and maintained a training matrix. Discussion with the person in charge and a review of the training matrix evidenced that staff were up to date with the majority of mandatory training updates and arrangements were in place for ensuring training was arranged for those that were now due. It was positive to note that staff received training in addition to the mandatory training requirements such as: person centred planning; motivational interviewing; enteral feeding management; Huntington's awareness; brain injury sex and sexuality.

The day care setting's governance arrangements in place that identify and manage risk were inspected. All incidents and accidents are recorded on an electronic system which are reviewed and audited by the registered manager, senior manager and the WHSCT governance department. A review of the incidents and accidents for 2018 provided assurances that they had been managed appropriately and none of the records were reportable under regulation 29. Incidents and events had been routinely reported to the service user's community key worker, relatives, carers and representatives as was appropriate.

Discussion with the acting head of services and person in charge established that there had not been any suspected, alleged or actual incidents of abuse. The acting head of services confirmed that the WHSCT 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 person in charge further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. A flowchart which provided safeguarding guidance was available for staff in the office. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

The person in charge described the arrangements in place for management of service users' monies for lunch within the day care setting. A review of financial records detailing how the monies/transactions were managed highlighted that the records should have two signatures to confirm all transactions. The person in charge agreed to address this with immediate effect and confirmed that on those occasions when service users are unable to sign to confirm such transactions, another staff member will do so.

Observation of the environment confirmed that the setting was warm, clean, odour free and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. The discussion with the person in charge confirmed that the furniture, aids and appliances were fit for purpose for the diverse needs of service users. Infection prevention and control measures were in place and a good standard of hygiene was observed throughout the centre. Measures included the availability of hand sanitiser around the setting, seven step hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had effective access to gloves and aprons as required and records were maintained of regular checks and cleaning of bathrooms and equipment.

A review of fire safety records identified a number of deficits. While a review of governance records relating to weekly fire alarm tests confirmed that these had been conducted since July 2018, it was noted that staff had not completed such checks for the period April 2018 to June 2018. In addition, the most recent staff evacuation drill had been carried out on 18 April 2016. The need to ensure that fire evacuation drills are conducted on a regular basis was highlighted. It was also stressed that robust governance measures should be in place which ensure that any necessary environmental fire safety checks are completed within expected timescales. In addition the last fire risk assessment, which was available on inspection, had been completed in March 2017 and was due for review in March 2018. Following the inspection, the acting head of services provided evidence to confirm that the annual fire risk assessment had been reviewed during March 2018 and that the corresponding action plan had been addressed. In addition the acting head of services advised that the day centre is planning for a fire safety evacuation on the 16 October 2018 with their Designated Fire Safety Officer. The need to ensure that such records are available at all times for inspection was highlighted. These weaknesses were discussed with the person in charge and acting head of services and an area for improvement was made.

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

Service users' comments:

- "It's a great day centre."
- "I love coming here."
- "I definitely feel safe."
- "Staff are brilliant, always ready and willing to help you."

Staff comments:

- “I enjoy my work.”
- “I want members to leave here each day having had a good day.”

Two service users and/or relatives returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided to service users was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to knowledge of adult safeguarding processes, infection prevention and control practices and risk management.

Areas for improvement

Areas for improvement were identified in relation to staffing arrangements and fire safety practices.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

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

Staff discussed the importance of knowing the content of individual service user’s assessments and care plans to inform and guide their practice.

The records viewed by the inspector on the day of inspection demonstrated that they were maintained in accordance with data protection requirements. Three service users’ individual files were inspected. They contained service user agreements; assessments from community keyworkers; individualised care plans which identified service user’s care needs, personal journey and goals; moving and handling risk assessments; transport assessments and multi-disciplinary assessment information, such as Speech and Language Therapy (SALT) assessments, as applicable. Care plans were noted to be comprehensive, and person centred, and they clearly and concisely described service user’s needs. Progress care records were noted to be completed a minimum of every five attendances or when necessary.

There were systems in place to review service users’ placements within the setting to ensure it was appropriate to meet their health and social care needs on an annual basis. The records evidenced that collaborative working arrangements were in place with service users’ relatives and other key stakeholders. The inspector recommended that a review of service user care records was undertaken to archive out of date assessments or make a record on the document that it is no longer applicable. However, a number of deficits were noted with

regards to the records maintained: the transport assessment in two files were not signed or dated; progress notes were not signed at every entry. Two service users' records evidenced that signatures were obtained by staff supporting the service user in a paid capacity to evidence consultation rather than the service users' signatures or their next of kin. The inspector stressed that staff should evidence in records if service users are unable or unwilling to sign and include the reason for this. An area for improvement was made in regards to record keeping.

The acting head of services and person in charge spoke confidently about managing risks to service users' wellbeing while maintaining their human rights and that any intervention is the least restrictive as possible, agreed in partnership with the service user, their relatives and the multi-disciplinary team. This was also reiterated in discussions with staff, which evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. However, a review of the arrangements in place for a service user identified that the multi-disciplinary assessment which provided advice and guidance to care and restrictive practices provided within the day care setting had not been reviewed in nine years. The inspector requested that the day care staff liaise with the service user's keyworker to ensure this is addressed and the service user's care plan should be updated accordingly. The person in charge agreed to action this.

Staff stated that there was effective communication and team work which ensured that safe and effective care was provided to service users. The person in charge and staff spoken with advised that there has been a consistent staff team for a number of years, which they reported had a positive impact on the experience of service users and helped develop working relationships. Staff were aware of their roles and responsibilities and lines of accountability. Staff demonstrated knowledge of how to escalate any concerns and how to liaise with the multi-disciplinary team as needed. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the agency's whistleblowing policy and were able to access it.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The Statement of Purpose and Service User Guide provided information about how to make a complaint. The inspector advised that the information regarding making a complaint in the Statement of Purpose should be updated to include the details of the role of the Northern Ireland Public Service Ombudsman, RQIA and advocacy services such as the patient client council (PCC). The acting head of services agreed to action this.

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

Service users' comments:

- "If staff don't know something they will always go and check for you and come back with the answer."
- "You have a review with your keyworker and social worker."
- "I used to come one day a week now I come three days, I like it so much."
- "I know how to make a complaint."
- "I could raise any issues with staff."
- "As soon as I leave the day centre I can't wait to come back."

Staff comments:

- “Everything is member led; we are constantly adapting and changing to their needs.”
- “The new care plans are very much member led.”
- “The keyworker system works well.”

Two service users and/or relatives returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided to service users was effective.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regards to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff were observed communicating with service users providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and expectations.

Service users were assisted to remain as independent as possible, for instance, doors in the day centre were fitted with push button activated opening devices and this enables service users in self-propelled wheel chairs or those with reduced mobility to move freely around the setting. There are several areas for service users to use, each with its own function; IT room; activity kitchen; sensory room; activity room; dining room and outside space for gardening. Specialised furniture, such as height adjustable work benches and sink were available in the activity kitchen to help promote independence and inclusion of all service users in group activities.

A review of the activities programme for the autumn 2018 and winter 2018 and discussions with service users confirmed that service users are enabled and supported to engage and participate in meaningful activities. A wide range of activities were noted to be provided in the day care setting such as craft work, quiz, I.T. computer skills, gardening club, Tai Chi, indoor bowling, movement through music, relaxation sessions.

Observation of lunch on the day of inspection identified that the food provided appeared appetising, and service users were offered a choice of two meals and a variety of drinks were provided. The person in charge described how staff ensured the SALT recommendations for a number service users were adhered to during the provision of a two course lunch.

Service users spoke positively about staff and described good working relationships, which enabled them to be able to speak to staff if they had any concerns. Staff and service users described informal arrangements in place that ensured service users were consulted and their views and opinions sought on a daily basis. In addition, governance arrangements to promote effective communication with service users and/or their relatives included regular service user meetings, referred to as advocacy meetings, annual care reviews and an annual quality satisfaction questionnaire. Samples of minutes from service user meetings were reviewed for June 2018 and July 2018. The minutes reflected service users being consulted about any issues of importance to them, activities, transport and meals. It was positive to note that the acting head of services arranged for the person in charge of transport and meal provision to attend the advocacy meetings to empower the service users to identify and resolve any issues directly.

Discussions with the acting head of services and person in charge demonstrated that there is an ethos of quality improvement in the day centre and all service users were consulted through questionnaires as part of the quality improvement consultation process. One improvement that was implemented with the support of a number of service users was the development of person centred care planning documentation.

It was positive to note that the service users were involved in a competition to secure a substantial amount of money for the day centre and consultation is ongoing regarding how the money received will be spent to improve the quality of the day care experience for service users.

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

Service users' comments:

- "We are involved in everything; the advocacy meetings are very good."
- "The staff don't feel like staff, they feel like friends."
- "They (staff) seem to care about how you are, always ask about things happening in your life."
- "Coming here saved my life."
- "The activities are good."
- "Staff pick up on everything, they notice any change in your mood and always check on you."

Staff comments:

- ""We build good relationships with members, treat everyone with respect."

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

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspection assessed the day centre's arrangements and governance systems in place to meet the needs of service users and drive quality improvement. The current registration certificate was up to date and displayed appropriately. Following the inspection the inspector viewed information that had been provided to RQIA in relation to the changing of the day centre's name to Glen Oaks. The information has been forwarded to the registration team for processing.

The Statement of Purpose for the day care service clearly described the nature and range of the services to be provided. The document had been reviewed by the service on 7 September 2018. However, it was noted that the Statement of Purpose inaccurately and inconsistently referenced the number of service users for whom services may be provided and this was also not consistent with their RQIA registration. Following discussion with acting the head of services, the inspector advised that the day centre's Statement of Purpose should be further reviewed to ensure that such information was accurately referenced and as necessary their registration details with RQIA updated accordingly. The inspector further noted that given the change in complexity of service users' needs the service could not safely meet the needs of 89 individuals within the setting based on the size of the setting and numbers of staff. Assurances were provided by the acting head of services that the number attending the day centre on any given day has not exceeded 40. The acting head of services stated that a review of the registered places in the day care setting was underway, taking into account the capacity of the day centre, staffing levels and service users' needs. An area for improvement has been made in this regard.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and were available for inspection. The annual quality monitoring report was reviewed and noted to be compliant with Regulation 17 (1) and Schedule 3. A review of the monthly quality monitoring reports for May 2018, July 2018 and August 2018 evidenced qualitative engagement with service users and their representatives to measure the safety and effectiveness of the service; with positive feedback provided. The

inspector advised that a record of the service users and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable. Monthly monitoring reports also evidenced that a review of the conduct of the day centre had been undertaken with action plans devised. However, the inspector noted that the monthly monitoring reports were reviewing and commenting on the progress of the quality improvement plan from the care inspection undertaken 25 October 2017, and did not include the most recent quality improvement plan from the care inspection 12 March 2018. In addition the reports did not identify deficits in the necessary environmental fire safety checks which had not been completed within expected timescales. An area for improvement was made in this regard.

The inspector reviewed the systems in place to monitor staff performance and ensure that staff received support and guidance. The inspector was provided with a sample of a recently revised supervision template for care staff, it was positive to note that this addressed safeguarding issues, advocacy issues and deprivation of liberty/restrictive practice, training and development. However a review of a sample of records evidenced that staff had not received supervision and appraisal in compliance with the day care setting's supervision and appraisal policy. An area for improvement was made in this regard.

The person in charge confirmed that staff meetings are typically held monthly or on an ad hoc basis if needed. Minutes available for inspection identified a varied agenda, with evidence of information sharing and a quality improvement focus. In April 2018 the minutes reflected advice given to staff to ensure deprivation of liberty issues are reflected in service users' care records, and in the September 2018 minutes staff were instructed to review the medication policy. The inspector noted that actions were identified within the minutes; however the inspector advised that the record of minutes should also reflect who is responsible for any action identified and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings. The person in charge agreed to amend template for future meetings. The person in charge advised that a brief team meeting is held on a weekly basis for information that cannot wait until the monthly meeting and that an agenda is maintained for this meeting although no minutes are recorded. The inspector advised the person in charge that the weekly meetings should also be minuted and assurances were given that this would be actioned.

The acting head of services and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in an organised manner that was easily accessible by staff in the office. Staff also had access to policies and procedures electronically.

A complaints file was available within the agency to record the management of complaints. There had been no complaints recorded since the previous care inspection. Discussion with the acting head of services confirmed that a robust complaints management process was in place and the WHSCT complaints policy and procedure was in accordance with the relevant legislation and DHSSPS guidance relating to complaints handling. The acting head of services advised that there had been no complaints since prior to the care inspection in October 2017.

The inspector was advised that staff training is being planned with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent changes in this area. The inspector advised the person in charge to also review guidance available on the RQIA website.

A record was maintained in relation to Northern Ireland Social Care Council (NISCC) details of staff. A review of these records on the day of inspection confirmed that all staff were registered with NISCC.

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 acting head of services 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.

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 evidenced that they felt the service was well led. The following is a sample of comments made:

Staff comments:

- “I feel management would listen if I raised any issues.”
- “It’s a very supportive team, no hesitation in asking for help.”
- “Feel we have benefitted having the leadership of the senior day care worker, during manager absence.”

Two service users and/or relatives returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the service was well led.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified in relation to monthly quality monitoring visit reports, review of Statement of Purpose with respect to service user numbers and staff supervision/appraisal.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, and acting head of services, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 26 (4)(d)(v) and (f)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider shall (d) make adequate arrangements—</p> <p>(v) for reviewing fire precautions, and testing fire equipment, at suitable intervals;</p> <p>and</p> <p>(f) ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care setting and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Fire precaution processes including fire evacuation drills and practices have been reviewed since the inspection. These processes will be reviewed at suitable regular intervals.</p> <p>Monthly checks are completed by nominated officers including fire alarm, fire doors, fire fighting equipment.</p> <p>In addition, contracted servicing arrangement from CHUBB for fire fighting equipment completed on a annual basis. Building Protection Systems also complete an annual check on Fire Alarm System.</p> <p>Two fire evacuation exercises have taken place, in September and October 2018, and included the evacuation of centre members.</p> <p>An easy reference fire check list has been designed by the registered manager and designated fire officers. This has been reviewed by the WHSCT Fire Safety Officer. This will be referenced in addition to any WHSCT fire precaution procedures in place, and is displayed on the notification board at the front entrance to the centre.</p> <p>WHSCT Fire safety officer reviewed current fire safety processes with the registered manager on the 7 November 2018. A walk around fire safety check has been requested through the local fire service.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 11 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>Area for improvement 3</p> <p>Ref: Regulation 28 (4)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The registered manager is undertaking an exercise in relation to the complexity of members which ensures that there is appropriate staffing in place to meet their needs.</p> <p>Where the registered provider is an individual who does not manage the day care setting himself, he shall visit the day care setting in accordance with this regulation.</p> <p>(4) The person carrying out the visit shall—</p> <p>(b) inspect the premises of the day care setting, its record of events and records of any complaints; and</p> <p>(c) prepare a written report on the conduct of the day care setting.</p> <p>This relates to, but is not limited to ensuring that, the correct quality improvement plan is reviewed, acted upon and monitored and that the reports evidence that the fire safety precautions are regularly and effectively reviewed.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Community Services Manager or a Team Manager from the Adult Physical / Sensory Community Team will complete monthly monitoring visits to Glenoaks Day Centre as per regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>This visit will be reflected on a written report highlighting the conduct of the day centre. As part of the monthly visit, the monitoring officer will ensure that the most up-to-date quality improvement plan is reviewed and commented on and ensure any deficits in the necessary environmental fire safety checks are completed within expected time frames.</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered person shall ensure there is a competent and capable person in charge of the day care setting, in the absence of the registered manager, at all times. Governance records which evidence that such staff are willing and competent to act up in the manager's absence should be maintained and regularly reviewed to ensure that these governance processes remain effective and appropriate.</p> <p>Ref: 6.4</p>

	<p>Response by registered person detailing the actions taken: The registered manager has completed weekly rota's which highlights which staff member will be responsible for the day centre in the absence of the registered manager. Competency and Capability Assessments have now been completed for all day care staff and this information is utilised to ensure that staff have the appropriate training, skills and knowledge to provide appropriate care for members.</p>
<p>Area for improvement 2 Ref: Standard 7.7 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure all records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager. Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that all records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p> <p>To ensure this, protected time for staff regarding record keeping / file management has been introduced; a template of staff signatures and initials has been completed for cross reference purposes and the manager will review records periodically.</p> <p>The registered manager and staff will adhere to the Day Care Minimum Standards, January 2012, re record keeping.</p>
<p>Area for improvement 3 Ref: Standard 22 Stated: First time To be completed by: 11 October 2018</p>	<p>The registered person shall ensure that all staff receive formal supervision/appraisal within expected timescales in order to promote the delivery of quality care and services. Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Dates for supervision and appraisal have been planned for 2018 /2019. This will ensure that supervision sessions and annual appraisal is planned in advance with a dedicated time set aside to accommodate same. Formal Supervisions will be held no less than every three months as per minimum care standards (January, 2012).</p>
<p>Area for improvement 4 Ref: Standard 17.6 Stated: First time To be completed by: 11 October 2018</p>	<p>The registered person shall ensure that the Statement of Purpose is kept under review.</p> <p>This relates to, but is not limited to, ensuring that the number of service user places per day is accurately reflected in the Statement of Purpose and is consistent with the number of places registered with RQIA. This may require a variation to be made to RQIA to change the number of day care places.</p> <p>Ref: 6.7</p>

	<p>Response by registered person detailing the actions taken: The statement of purpose has been recently reviewed.</p> <p>A variation will be made to RQIA regarding the number of service user places per day following a further assessment with regard to the service users needs, staffing and the capacity of the day centre. This will be actioned as priority.</p>
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