

Unannounced Care Inspection Report 27 February 2019



Tempo Road Day Centre

Type of Service: Day Care Service
Address: 42a Tempo Road, Enniskillen, BT74 6HR
Tel No: 02866328729
Inspector: Angela Graham

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a day care setting that is registered to provide care and day time activities for up to 30 service users for older people over the age of 65, who may be frail, have dementia or have mental health needs or living with a physical disability. 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 Health and Social Care Trust	Registered Manager: Denise Foster
Responsible Individual: Anne Kilgallen	
Person in charge at the time of inspection: Maureen Lindsay, Manager (Acting)	Date manager registered: Denis Foster - 24 August 2016
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 27 February 2019 from 09.35 to 16.00.

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 previous care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control that promoted safe care. Regarding effective practice, examples of good practice were found in relation to service user reviews and communication between service users, staff and other key stakeholders. Good practice was also found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users. Finally, good practice was found in relation to governance arrangements and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the menu planner, staff supervision, annual appraisal and staff meetings.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I really enjoy coming to the centre, staff are excellent"; "I enjoy all that I do when I am here" and "the food is very good and I am always offered a choice".

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Maureen Lindsay, Manager (Acting), 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 22 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 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
- Written and verbal communication received since the previous care inspection
- Incident notifications that highlighted that no incidents had been notified to RQIA since the last care inspection on 22 March 2018
- The previous care inspection report and QIP
- Pre-inspection assessment audit.

During the inspection, the inspector met with manager and three care assistants. Introductions were made to service users during the course of a walk around the setting; with individual interaction with ten service users.

The manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Five service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

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

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

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Fire drill records
- Fire risk assessment findings dated 12 February 2019
- Staff training information
- Minutes of five staff meetings
- Minutes of three service user meetings
- Four monthly monitoring reports.

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

The inspector would like to thank the manager, service users and staff for their involvement in the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 March 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 22 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
<p>Area for improvement 1</p> <p>Ref: Regulation 28 (5) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered provider shall maintain a copy of the monthly monitoring report in the day care setting and make it available on request to the Regulation and Quality Improvement Authority.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed a number of reports and confirmed that the monthly quality monitoring reports were available and up to date.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall complete the annual report which is compliant with Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The report should be sent to RQIA with the QIP.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A copy of the annual report was forwarded to RQIA with the returned QIP.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of service users are identified and so far as possible eliminated.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The manager confirmed that transport assessments had been previously undertaken for service users with dementia</p>	Met

	that availed of Trust bus transport. The manager further confirmed that currently there are no service users attending the day centre that require a bus escort.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.8 Stated: Second time To be completed by: 30 April 2018	The registered provider should ensure that staff meetings take place on a regular basis and at least quarterly.	Not met
	Action taken as confirmed during the inspection: Review of the minutes of staff meetings identified that these meetings were not held quarterly. The last meeting was held on 4 October 2018 and minutes were available. Previous staff meetings had been undertaken on 15 March 2018 and 10 October 2017. This area for improvement has not been fully addressed and has been stated for a third time in this report.	

6.3 Inspection findings

6.4 Is care safe?

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

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

Discussion with the manager, staff and service users on the day of inspection confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager was able to describe contingency measures that would be taken to ensure the safety of the service users if staffing levels could not be provided on any given day. A review of the staffing roster for weeks commencing 21 January until 27 February 2019 evidenced that the planned staffing levels were adhered to. Records showed the numbers of staff working each day and the capacity in which they worked. No concerns were raised regarding staffing levels during discussion with service users and staff.

The manager confirmed that there has been a consistent staff team working in the day centre and that no new staff have been employed since the previous inspection. The manager confirmed that staff employment records were held within the WHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. In addition, discussions with the manager confirmed that there was also an appropriate induction process in place for any new staff who may be employed.

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

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. Discussion with staff and review of a sample of staff training records concluded staff had received mandatory since the previous care inspection such as first aid, moving and handling and adult safeguarding. It was positive to note that staff received training in addition to the mandatory training requirements such as: dementia awareness, dysphagia awareness and care plan training.

The manager advised that staff have access to a rolling mandatory training programme; this was confirmed during discussion with staff, who advised that they had access to training to support them in meeting the roles and responsibilities of their job.

The manager advised there had been no recent safeguarding referrals in the setting and that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained. In addition 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 manager confirmed that adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with the manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals.

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 setting's whistleblowing policy and were able to access it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Observation of the environment confirmed that the setting was warm, clean, odour free and had suitable lighting. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, safety checks of fire doors; fire extinguishers and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 29 May 2018. A fire risk assessment had been undertaken on 12 February 2019 and the manager confirmed there were no outstanding actions. Discussion with staff confirmed they were aware of the evacuation procedure. The discussion with the manager confirmed that the furniture, aids and appliances were fit for purpose for the needs of service users.

Infection prevention and control measures were in place. Measures included the availability of hand sanitiser around the setting, and supplies of liquid soap and hand towels mounted on the

walls. Staff had effective access to gloves and aprons as required. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users' needs. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained.

Discussion with service users regarding is care safe revealed they knew that staff were around to help them and they were confident if they asked for help they would get the best care.

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

Service users' comments:

- "I feel very safe here in the centre. Staff are always around to help you if needed."
- "This is a great centre. Staff are always friendly and welcoming."

Staff comments:

- "I feel the staffing levels are good and we are here to keep the service users safe at all times."
- "I have attended all the mandatory training including adult safeguarding. I am fully aware of the types of abuse and the importance of reporting any concerns immediately."

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

On the day of the inspection Tempo Road Day Centre was found to be delivering safe care. There was positive feedback from ten service users about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm.

Areas of good practice

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

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

6.5 Is care effective?

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

The inspector reviewed the day care settings arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

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

The inspector reviewed elements of three service users’ care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. There was recorded evidence of multi-professional collaboration.

Discussions with staff regarding implementation of the care plans provided assurance they knew each individual’s needs. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Staff described care practices that were focused on providing the right support safely and effectively. Staff described they effectively communicate with each other, service users’ and relatives, and that any change in a service user’s needs or concerns are discussed or reported in a timely manner. Overall the inspection found the settings management of service user records enabled staff to recognise service users’ needs and respond to them effectively.

A record was kept of each service user’s involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed.

Discussion with the manager and review of arrangements concerning the storage of confidential records confirmed that service users’ records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting’s Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users’ opinions and feedback is heard and acted upon. Information is

provided to service user's regarding their right to advocacy support and the role of the Patient and Client Council (PCC).

Staff stated that there was effective communication and team work which ensured that safe and effective care was provided to service users. The manager 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.

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

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

Discussion with, and observation of service users and staff confirmed that service users had access to a variety of activities to suit individual needs.

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

Service users' comments:

- "I enjoy the art and the painting that I do in the centre very much. Staff have helped me enter my art in the county show and I won a prize."
- "Staff are attentive to all my needs in a pleasant and courteous manner."
- "The centre is the highlight of my week."

Staff comments:

- "We ensure all care plans and risk assessments are kept up to date."
- "We always take into account the service users abilities, needs and choices when we are planning their care."

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

The evidence indicates that the care provided in Tempo Road Day Centre is effective in terms of promoting each service user's involvement, development, enjoyment and wellbeing.

Areas of good practice

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

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

6.6 Is care compassionate?

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

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

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

Discussion with and observation of service users and staff interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence. Service users related positively to staff and each other. The atmosphere was relaxed and service users were observed engaging spontaneously and enthusiastically with staff.

Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations. The inspector observed on numerous occasions, staff offering service users choice regarding the activity they wished to do or where they wished to go. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure them as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

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

Discussion with the manager and review of the two week menu planner confirmed the menu planner was last reviewed on December 2017. The manager was advised to review the centre's menu planner. The menu planner should be rotated over a three-week cycle and revised at least six monthly, taking into account seasonal availability of foods and service users' views as per standard 10.7. This has been identified for an area for improvement.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as flower arranging, art and crafts, games, bingo, and reminiscing.

Service users meetings also take place within the day care setting. The manager confirmed that service user meetings were held generally monthly. The minutes of the three most recent service users' meetings were reviewed during this inspection.

The meetings had taken place on: 14 December, 21 September and 22 June 2018. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. The inspector noted some of the areas recently discussed during meetings included activities, outings, closure dates and meals.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

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

Service users' comments:

- "I enjoy the games and bingo. We also get a number of papers delivered to the centre including the local papers, gives us lots to chat about."
- "I love coming here, it lifts my spirits and the staff are very kind."

Staff comments:

- "We always ensure the service users are involved in the running of the centre through meetings and informal discussions."
- "The care here in my opinion is very good and we are always kind and respectful to everyone's wishes."

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

Areas of good practice

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

Areas for improvement

One area for improvement was identified in this domain in relation to the menu planner.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately.

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

The Statement of Purpose for the day care service was reviewed and updated by the registered manager in October 2018. The document describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (Northern Ireland) 2007. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

Positive feedback was provided by staff in respect of leadership they received from the manager and effective team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by management.

Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies and procedures were maintained in a manner that was easily accessible by staff.

A review of the supervision schedule for three care staff identified that supervision had not been undertaken on a quarterly basis in line with Standard 22.2 of the Day Care Settings Minimum Standards, January 2012 for one care staff member. This has been identified for an area for improvement.

A review of appraisal records for three care staff identified an annual appraisal had not been undertaken in line with Standard 22.5 of the Day Care Settings Minimum Standards, January 2012 for one care staff member. This has been identified for an area for improvement.

Review of the minutes of staff meetings identified that these meetings were not held quarterly. The last meeting was held on 4 October 2018 and minutes were available. Previous staff meetings had been undertaken on 15 March 2018 and 10 October 2017. The manager confirmed that the minutes of staff meetings were made available for staff to consult. This had

been identified as an area for improvement under the standards at the last two care inspections and has been stated for a third time.

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

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by an independent monitoring officer. The monitoring officer reported on the conduct of the day care setting. Three quality monitoring reports were examined from January 2019 to November 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users and staff, with positive feedback recorded.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition the manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

Discussions with service users, staff and the manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Individual person centred care
- Individual risk assessment
- Disability awareness.

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

Service users' comments:

- "In my opinion the centre is well run, the staff make sure it runs well."
- "I know the staff and would have no hesitation in talking to them if something was wrong. I have no complaints about the place only good things to say."

Staff comments:

- "I feel I could approach the manager freely if there was something I wanted to discuss."
- "We work well as a team and there is very good communication between us all."

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

On the day of the inspection there was evidence of effective leadership and management in Tempo Road Day Centre and a culture focused on the needs of service users.

Areas for improvement

Three areas for improvement were identified in this domain in relation to staff supervision, annual appraisal and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maureen Lindsay, Manager (Acting), 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 Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 22.2 Stated: First time To be completed by: 31 March 2019	The registered person should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months. Ref: 6.7
	Response by registered person detailing the actions taken: Registered person has set in place a time for formal supervision session for staff every three months.
Area for improvement 2 Ref: Standard 22.5 Stated: First time To be completed by: 31 March 2019	The registered person should ensure that staff have a recorded annual appraisal with their line manager to review their performance against their job description, and to agree personal development plans. Ref: 6.7
	Response by registered person detailing the actions taken: All annual appraisals have been completed.
Area for improvement 3 Ref: Standard 10.7 Stated: First time To be completed by: 30 April 2019	The registered provider should ensure that menus are rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users' views. Ref: 6.6
	Response by registered person detailing the actions taken: Manager contacted Mrs Hilary Armstrong, Catering Manager, to discuss a three weekly rotation of service users lunch menu and manager will ensure a six monthly review of menu allowing for service users likes and dislikes.
Area for improvement 4 Ref: Standard 23.8 Stated: Third time To be completed by: 31 March 2019	The registered provider should ensure that staff meetings take place on a regular basis and at least quarterly. Ref: 6.7
	Response by registered person detailing the actions taken: Registered manager has set dates for staff meetings to take place quarterly or more frequently if required these dates an times are displayed on staff notice board. Manager will ensure minutes are recorded and filed appropriately.

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



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