

Unannounced Care Inspection Report

24 October 2018



Newtownstewart Day Centre

Type of Service: Day Care Service

Address: ABB Parish Hall, Dublin Street, Newtownstewart

Tel No: BT78 4AE

Inspector: Angela Graham

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 that is registered to provide care and day time activities for up to 15 service users for older people over the age of 65 and who may be frail. The day care setting is open Wednesday 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 Responsible Individual: Anne Kilgallen	Registered Manager: Evelyn Young
Person in charge at the time of inspection: Evelyn Young	Date manager registered: 21 October 2010
Number of registered places: 15	

4.0 Inspection summary

An unannounced inspection took place on 24 October 2018 from 09.05 to 15.10.

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, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users. 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 in two domains as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “I look forward to coming to the centre; it’s a big part of my week”, “this is a great place to come”, “I enjoy all the crafts and we are making Christmas trees from bottle tops and material”, “I get a cup of tea and toast when I arrive” and “great service”.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Evelyn Young, Registered Manager, 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 20 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 September 2017.

5.0 How we inspect

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

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and quality improvement plan (qip)
- Pre-inspection assessment audit

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

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

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

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records

- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Records confirming registration of 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
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports

Ten areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for nine and partially met for one.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 September 2017

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

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

6.2 Review of areas for improvement from the last care inspection dated 20 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (4) (e) Stated: First time	The registered person shall make arrangements for persons employed in the day care setting to receive suitable training from a competent person in fire prevention.	Met

	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of staff training records evidenced that fire training had been undertaken on 14 November 2017.	
Area for improvement 2 Ref: Regulation 19 (2) Stated: First time	The registered person shall maintain in the day care setting the records specified in Schedule 5.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. On the day of inspection records as specified in Schedule 5 were available within the day care setting.	
Area for improvement 3 Ref: Regulation 28 (3) (5) Stated: First time	The registered person shall ensure that visits under paragraph (1) and (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and may be unannounced. The registered provider shall maintain a copy of the report in the day care setting.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of the Regulation 28 quality monitoring visits reports evidenced that visits had been undertaken monthly by an independent monitoring officer.	
Area for improvement 4 Ref: Regulation 26 (4) (a) Stated: First time	The registered person shall confirm in writing to the day centre's aligned estates inspector that the remedial action and significant findings highlighted in the day centre's fire risk assessment have been satisfactorily addressed.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had	

	been addressed. The fire risk assessment is discussed further under section 6.4 of this report.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.7 Stated: First time	The registered provider should ensure that copies of the staff duty rosters are retained within the day care setting.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. On the day of inspection staff duty rosters were retained within the day care setting and made available to the inspector.	
Area for improvement 2 Ref: Standard 23.8 Stated: First time	The registered provider should ensure staff meetings are held at least quarterly. The minutes should include: <ul style="list-style-type: none"> • the dates of meetings; • the names of those attending; • minutes of discussions; • any actions agreed with responsibility for completion assigned and time frame/s for completion. 	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of the minutes of three staff meetings evidenced that this area for improvement had been satisfactorily addressed.	
Area for improvement 3 Ref: Standard 18 Stated: First time	The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.	Partially met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the policies and procedures had been reviewed following the previous care inspection. The registered manager also confirmed that the reviewed policies and procedures had been forwarded to senior management within the WHSCT for ratification. Therefore this area for improvement has not been fully met and has been stated for a second time.</p>	
<p>Area for improvement 4 Ref: Standard 8.5 Stated: Second time</p>	<p>The registered manager should ensure that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The quality assurance report was available in the day care setting on the day of inspection.</p>	Met
<p>Area for improvement 5 Ref: Standard 8.3 Stated: Second time</p>	<p>The registered manager should ensure that a record is kept of the matters raised by service users and actions taken in response.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of the minutes of three service users meetings evidenced that this area for improvement had been satisfactorily addressed.</p>	Met
<p>Area for improvement 6 Ref: Standard 14 Stated: Second time</p>	<p>The registered manager should ensure that the centre's complaints procedure is implemented effectively, in keeping with Standard 14 of The Day Care Settings Minimum Standards (January 2012).</p>	Met

	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of the complaints record evidenced that this area for improvement had been satisfactorily addressed.	
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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 registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 19 September 2018 until 24 October 2018 evidenced that the planned staffing levels were adhered to.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. 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 registered 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. The registered manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

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

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

Discussion with the registered manager established that there had not been any suspected, alleged or actual incidents of abuse. The registered manager 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 registered manager 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.

Staff confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

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; emergency lighting and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 11 April 2018. Discussion with staff confirmed they were aware of the evacuation procedure. The discussion with the registered manager confirmed that the furniture, aids and appliances were fit for purpose for the needs of service users.

Discussion with the registered manager confirmed that a fire risk assessment had been undertaken on 18 January 2018. However a copy of the findings was not available in the day care setting on the day of inspection. Evidence was provided to the inspector that the registered manager had requested a copy of the outcome of the fire risk assessment on a number of occasions however a copy had not been forwarded to the day care setting. This has been identified as an area for improvement under the standards.

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. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities and control of substances hazardous to health (COSHH). 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. In addition staff had received training in first aid and fire safety.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC).

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:

- "Staff have told me what to do if the fire bell sounds."
- "I could be nothing but safe here with all the staff to help me."
- "Staff come on the bus to help me on and off."

Staff comments:

- "In my opinion care is safe here; we know all the service users' needs."
- "I have done all the mandatory training and other training including visual awareness."

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

On the day of the inspection Newtown Stewart Day Centre was found to be delivering safe care. There was positive feedback from eight 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

One area for improvement was identified in relation to the fire risk assessment.

	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.

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

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed.

Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

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.

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

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

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. Service users gave positive feedback regarding the activities and opportunities the day centre provided for them.

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 users 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 registered 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. 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.

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

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

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

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 like making things when I'm in the centre; I made a shopping bag recently."
- "I get choice of dinner and I enjoy the dinner."
- "I am very well cared for here."

Staff comments:

- "There is a care plan in place for all the service users and we are familiar with them all."
- "We always encourage choice in the centre, for example choice of dinner and activities."

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

The evidence indicates that the care provided in Newtownstewart 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 care records, audits and reviews and communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
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.

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.

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 quizzes, games, boccia, arts and crafts and outings.

The minutes of the three most recent service users' meetings were reviewed during this inspection. The meetings had taken place on: 22 September 2018; 16 May 2018 and 21 February 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, transport arrangements and meals.

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:

- "Staff are very caring and do all that they can to help."
- "I always feel listened too."

Staff comments:

- "There is a very stable group of staff in the centre and we have very good relationships with the service users."

- “Service users are treated with respect.”

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
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 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 day care worker confirmed that they had a good understanding of their role and responsibilities under the legislation.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the registered manager and effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the 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 staff who met with the inspector appeared well informed on all aspects of the centre’s operations and proved very capable in responding to all of the RQIA requirements for this inspection.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Discussion with the registered manager confirmed that the policies and procedures had been reviewed following the previous care inspection. The

registered manager also confirmed that the reviewed policies and procedures had been forwarded to senior personnel within the WHSCT for ratification. This had been identified as an area for improvement at the last inspection and has been stated for a second time. A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the registered manager.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the senior day care worker and registered manager.

Discussion with the registered manager confirmed that staff meetings were generally held quarterly, and records verified this. The last meeting was held on 10 October 2018 and minutes were available. Previous staff meetings had been undertaken on 26 June and 7 March 2018. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. The registered manager confirmed that the minutes of the meetings were made available for staff to consult.

A complaints and compliments record was maintained in the day centre. There had been two complaints recorded since the previous care inspection. The registered manager confirmed that local resolution had been achieved. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly by an independent monitoring officer. Three quality monitoring reports were examined from June 2018 to September 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 registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition the registered 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 registered 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:

- "There is a great bunch of staff here and they are here a long time; I would be comfortable talking to staff if I had any issues."
- "Well run centre."

Staff comments:

- "We work well as a team and I have supervision every three months."
- "I feel we provide a very good service here in Newtownstewart."

Three service users and/or relatives returned questionnaires to RQIA. The respondents confirmed they were either "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 Newtownstewart Day Centre and a culture focused on the needs of service users.

Areas for improvement

One area for improvement under the standards identified at the last inspection has been stated for a second time. This area relates to policies and procedures.

	Regulations	Standards
Total number of areas for improvement	0	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 Evelyn Young, Registered 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

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	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 28.1 Stated: First time To be completed by: 30 November 2018	The registered provider should ensure that there is a copy of the findings pertaining to the current assessment and fire management plan available in the day care setting. Confirm by return the findings to be actioned are in line with timescales specified by the fire risk assessor. Ref: 6.4
	Response by registered person detailing the actions taken: There now is a copy of the fire risk assessment within the day care setting and all areas have been actioned.
Area for improvement 2 Ref: Standard 18 Stated: Second time To be completed by: 31 December 2018	The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures. Ref: 6.7
	Response by registered person detailing the actions taken: 15 policies have been forwarded to Senior Personnel to be ratified and they are sourcing the remaining policies. This is expected to be completed by 31.3.2019.



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