

Unannounced Care Inspection Report 20 September 2017



Newtownstewart Day Centre

Type of Service: Day Care Setting

**Address: ABB Parish Hall, Dublin Street, Newtownstewart,
BT78 4AE**

Tel No: 02881663120

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 provides care and day time activities for up to fifteen service users. The day care setting is open on Wednesday.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual(s): Anne Kilgallen (registration pending)	Day care worker: Evelyn Young
Person in charge at the time of inspection: Irene Love, Day Care Worker	Date manager registered: 21 October 2010
Number of registered places: DCS-E, DCS-LD, DCS-LD(E)	

4.0 Inspection summary

An unannounced inspection took place on 20 September 2017 from 09.45 to 16.10 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection sought to assess 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 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 care 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 maintaining good working relationships supporting well led care in the setting.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “staff are always very kind to me”, “I look forward to coming here to see all my friends”, “I enjoy playing bingo and knitting when I am here” and “this is a lovely day centre, the centre is always warm and clean”.

Areas requiring improvement were identified in the four domains as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

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	4	6

The total number of areas for improvement includes three areas for improvement under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Irene Love, Day Care Worker 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 premises inspection dated 15 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 February 2017.

5.0 How we inspect

Prior to inspection the following records were analysed:

- 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).

During the inspection, the inspector met with the day care worker in charge, two care staff, a visiting professional and eleven service users. The day care worker was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requested their return to RQIA. Two staff members and two service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Elements of three service users' care records
- Sample of policies and procedures
- Staff training information
- Fire safety risk assessment
- Fire drill records

- Minutes of three staff meetings
- Minutes of two service user meetings
- Three monthly monitoring reports.

Five areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for two, partially met for two and not met for one.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 February 2017

The most recent inspection of the day care setting was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 September 2016

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) (f) Stated: First time	The registered person shall 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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the day care worker confirmed that this area for improvement had been addressed. The review of fire drill records confirmed that a fire drill had been undertaken on 18 January 2017.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 7.5 Stated: First time	The registered manager should ensure that when no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the day care worker confirmed that this area for improvement had been addressed. The review of three care records evidenced that this area for improvement had been addressed.	
Area for improvement 2 Ref: Standard 8.5 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: A quality assurance survey was undertaken in July 2017 and the report was made available to the inspector. A service user had commented that the lunch "could be improved". There was no evidence of any action taken in response to the service user's comment. Therefore this area for improvement has not been fully met and has been stated for a second time.	
Area for improvement 3 Ref: Standard 8.3 Stated: First time	The registered manager should ensure that a record is kept of the matters raised by service users and actions taken in response.	Partially met
	Action taken as confirmed during the inspection: The inspector reviewed the minutes of two service users' meetings. In the minutes of the meeting of 18 January 2017. Service users had raised issues regarding the lunch time meal and the provision of activities. There was no evidence of any action taken in response to the service users' comments. Therefore this area for improvement has not	

	been fully met and has been stated for a second time.	
Area for improvement 4 Ref: Standard 14 Stated: First time	<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> <p>Action taken as confirmed during the inspection: The inspector reviewed the complaints record. One complaint was recorded since the previous care inspection. There was no evidence of communication with the complainant, the results of any investigation, the action taken and the outcome of the complaint in relation to the complainant's satisfaction. Therefore this area for improvement has not been met and has been stated for a second time.</p>	Not met

6.3 Inspection findings

6.4 Is care safe?

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

The day care worker 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 16 August 2017 until 30 August 2017 evidenced that the planned staffing levels were adhered to. Copies of the staffing roster for the period of 06 September to 20 September 2017 were not available in the day centre on the day of inspection. This has been identified as an area for improvement under the standards.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The day care worker 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.

Discussion with staff and review of returned staff questionnaires confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid and adult safeguarding training. Review identified two care staff that required updated training in fire safety. This was identified as an area for improvement under the regulations.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The day care worker confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The day care worker and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The day care worker reported there were no suspected, alleged or actual incidents of abuse identified and reported since the last inspection.

A review of the day centre's environment was undertaken and the day centre was found to be clean, fresh smelling and appropriately heated.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities.

There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 18 January 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

The inspector reviewed the day centre's fire risk assessment dated 23 November 2016. No evidence was available on the day of inspection to confirm that three significant findings recorded within the fire risk assessment had been satisfactorily addressed. This was identified as an area for improvement under the regulations.

A visiting professional described staff in the setting as vigilant. The visiting professional confirmed staff work well between encouraging independence and caring, and was satisfied risk assessments were being used to avoid unnecessary risks and manage risk.

Two service users completed questionnaires for this inspection. These service users confirmed that they felt safe in the setting. These service users also confirmed that they could talk to staff if they were unhappy or had any issues or concerns and they could tell someone if they were worried about someone being treated badly. The service users reported the setting was comfortable and they knew what to do if the fire alarm sounded.

Two staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that the care was safe, they had received training in adult safeguarding, there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to supervision and appraisal, infection prevention and control and knowledge regarding adult safeguarding.

Areas for improvement

Three areas for improvement were identified in relation to fire safety training, fire risk assessment and the staff duty roster.

	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.

Discussion with the day care worker established that staff in the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with eight service users also concluded their needs are being met in the day care service.

The inspector reviewed elements of three service users’ care files. Review of elements of three service users’ care records reflected there are risk assessments and care plans in place. There was evidence that risk and other assessments informed the care planning process. Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion 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.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The day care worker 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, 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.

Discussion with the day care worker and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the day care worker and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 10 May 2017 and minutes were made available. The previous service user meeting was undertaken on 18 January 2017. A review of the minutes identified a number of matters raised by service users however evidence was not available of the action taken in response to these matters. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

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

Service users spoken with expressed their confidence in raising concerns with the day centre's staff/management. Service users knew the registered manager.

Two service users' completed questionnaires. These service users confirmed that they were getting the right care at the right time and staff were communicating well with them. They also confirmed that their choices are listened to and they choose the activities they take part in. The service users reported that they had been involved in the annual review of their day centre placement.

Two staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas of good practice

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

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 service users meetings to ensure that the record of these meetings include the matters raised by service users and the actions taken in response.

	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.

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

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.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities e.g. bingo, knitting and games. Observations of service users taking part in activities showed participation was good.

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. During discussion staff presented as knowledgeable and informed regarding each service user’s dietary needs and preferences.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

Service users' confirmed their views and opinions were taken into account in matters affecting them. They identified that attending the setting helps them avoid loneliness, gives them structure to their week and is a place where they are encouraged to be independent.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users' meetings, the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Newtown Stewart Day Centre. The annual survey was undertaken in July 2017. The findings from the annual survey had been collated into an evaluation/summary report. The report identified an issue raised by a service user regarding the lunch time meal. However there was no evidence of any action taken in response to the service user's comment. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

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

- "Staff are great here. I always get a hot cup of tea and some toast when I arrive."
- "I have been coming here years and I have never had any concerns."
- "I am happy coming here, all is good."
- "I feel very safe here."
- "We were on a trip last Wednesday to The Fir Trees for lunch and went shopping in the afternoon."
- "The staff look after me very well."

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

- "The care here is very good."
- "We offer the service users choice in everything they do in the centre. The service users' needs come first."
- "I am offered lots of training and we have a number of training days throughout the year."
- "I have had supervision recently."

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

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

Areas of good practice

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

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 the quality assurance survey report.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The day care worker confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. The inspector reviewed a sample of policies and procedures. The review identified not all policies and procedures were in place in line with Standard 18 of the Day Care Settings Minimum Standards January 2012, Appendix 2. The review also identified that a number of these policies and procedures were not dated when issued nor were they ratified by the registered person. This has been identified as an area for improvement under the standards. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the day care worker and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the day care worker confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 28 June 2017 and minutes were available. The previous staff meetings had been undertaken on 08 March 2017 and 09

November 2016. The day care worker confirmed that the minutes of staff meetings were made available for staff to consult. The minutes of meetings contained the names of the staff who attended and a brief summary of the discussions. The minutes did not contain an agenda; detail if any action is needed with details of who is responsible for this. This has been identified as an area for improvement under the standards.

One complaint had been recorded since the previous care inspection on 14 September 2016. There was no evidence of communication with the complainant, the results of any investigation, the action taken and the outcome of the complaint in relation to the complainant's satisfaction. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A monitoring visit had been undertaken on 19 July 2017. Three monitoring reports were available in the day centre from January to September 2017. Monitoring visits had been undertaken on 05 April 2017, 24 May and 19 July 2017. The monitoring officer reported on the conduct of the day care setting.

Records submitted post-inspection to RQIA confirmed that monitoring visits had been undertaken on 11 January, 08 February and 21 June 2017. The monitoring arrangements in the day centre were not in line with Regulation 28 (3) and (5) of The Day Care Setting Regulations (Northern Ireland) 2007, which requires that visits must take place at least once a month and a copy of the report is available in the day care setting. This has been identified as an area for improvement under the regulations.

On the day of inspection the visitors' record and accident/untoward incident records were not available in the day centre. This has been identified as an area for improvement under the regulations.

The day care worker confirmed that there were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Two service users' questionnaires confirmed that the service was managed well. The service users also confirmed that staff had responded well to them and they are asked what they would like to do in the setting. The service users stated that they knew the manager and could talk to the manager if they had any concerns.

Two staff questionnaires confirmed that the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships supporting well led care in the setting.

Areas for improvement

Four areas for improvement were identified in relation to monthly monitoring visits, the availability of records in the day care setting, the recording of staff meetings and policies and procedures.

One area for improvement under the standards identified at the last inspection has been stated for a second time. This area relates to the management of complaints.

	Regulations	Standards
Total number of areas for improvement	2	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 Irene Love, Day Care Worker 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) (e)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff have now been trained in fire prevention and fire evacuation. The Manager will now ensure that the relevant Fire Officer will be contacted in advance and all staff will complete 6 monthly / yearly training and participate in 6 monthly evacuation of both staff and clients in their care. A copy of staff trained by the Fire Officer is readily available for inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall maintain in the day care setting the records specified in Schedule 5.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All records including staff and service users minutes will be in line with records in schedule 5. This will include a new template for both service users and staff minutes which will be discussed with all managers at the next managers meeting on 11 January 2018. All staff will be informed that this template must be adhered to in the absence of managers. All Trust procedures required to be followed in relation to the accurate recording of complaints and the Head of Service will ensure that the complaints book will be filled in appropriately and monitored. All staff will be informed regarding the correct way to complete the complaints book that is held within the Centre. The Manager will share a copy of the Trust Complaints Procedure with all staff at next staff meeting . With regard to progress reports all staff have now been informed that there must be an entry into client files at least on every 4 attendances to day care. This will also be discussed with all managers in the next managers meeting on 11 January 2018.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 28 (3) (5)</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 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.</p> <p>The registered provider shall maintain a copy of the report in the day care setting.</p> <p>Ref: 6.7</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: March 17 delegated provider visit is now in place ready for inspection and can be scanned and forwarded if required. The Head of Service will ensure that monthly monitoring visits are completed in a timely manner and will endeavour to ensure that visits are not missed in the future.</p> <p>Response by registered person detailing the actions taken: The community group responsible for the building has carried out works to ensure that the areas highlighted in the November 2016 Fire Risk Assessment are compliant with fire safety regulations. The Centre Manager and Acting Head of Service have ensured that all areas mentioned as high risk /very high risk has been actioned. This includes all fire doors including the kitchen and store room to have smoke seals. A new fire door has been installed as requested between boiler room and rear of day room. A new fire panel has also been installed by the group to ensure that it is audible for all clients and staff. Estate Services have been contacted to ensure the Lighting Risk Assessment has been completed annually by a responsible qualified person and has been retained for inspection.</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 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered provider should ensure that copies of the staff duty rosters are retained within the day care setting.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Going forward the Centre Manager will ensure completed rotas are available and will be completed weekly. All staff have been advised to ensure that the weekly copy of the staff rota is filled in and ready for inspection. In the absence of the manager senior staff must take responsibility for completing the staff duty book.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered provider should ensure staff meetings are held at least quarterly. The minutes should include:</p> <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. <p>Ref: 6.7</p>
<p>Area for improvement 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>Response by registered person detailing the actions taken: A new staff minute template will be discussed in the Managers meeting to be held on 11 January 2018. This will then be disseminated around all day centres for use. All staff to be made aware that this staff minute template must be adhered to even in the absence of managers. The template includes all relevant information as outlined above and will be compliant with standard 23.8. The (A) Head of Service will ensure that this is complied with and staff meetings will be quarterly. This compliance will be documented in the monthly monitoring visits.</p> <p>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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All day centre managers meet two / three monthly. A Trust Working Group has been set up to review and discuss all 89 policies that are in line with RQIA day care minimum standards. Where relevant policies are not available the Policy Group have written guidelines to ensure that best practice occurs. To date the group have looked at policies no 1-49. All have been reviewed and new guidelines for 14 have been submitted to the Trust Directorate Governance group for approval and ratification. The Policy Group will meet again on 11 January 2018 to commence reviewing policy nos 50-89. These will also be reviewed and any missing policies that are pertinent to day care will have guidelines completed which in turn will be also taken to the Trust Directorate Governance for their approval. All these new guidelines will be disseminated around each day centre so all managers and staff have all the proper policies and guidelines in place in the future. This should be in place within a six month timeframe - June 2018.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 8.5</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2017</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>Ref: 6.6</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.3</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2017</p>	<p>Response by registered person detailing the actions taken: The Service Users Survey was completed in October 2017 and the report has now been completed by the Manager and is readily available for inspection. Results have been made available to service users. This will be discussed with all managers by (A) Head of Service at next managers meeting to ensure compliance with the standard in future. This will include all service users comments and any suggestions as well as ensuring that any actions should be carried out immediately and that managers and staff will report to clients any outcomes in the next service user meeting.</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>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This is now been completed and results have been actioned. The (A) Head of Service has discussed this with manager. A record will now be kept with the service users minutes in a book that will record an accurate account of any matters raised by service users at their 3 monthly meetings, or that are raised by them to the manager and or staff at any time that they attend day care. All issues will be dealt with effectively and in a timely manner. All resolutions and information regarding the matters raised will be discussed with individual clients or as a group. This record will be in line with standard 8.3</p>

<p>Area for improvement 6</p> <p>Ref: Standard 14</p> <p>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> <p>Ref: 6.7</p>
<p>To be completed by: 30 September 2017</p>	<p>Response by registered person detailing the actions taken: All staff have read and signed the Trust Complaints Procedure. All clients have received a complaints leaflet on their home visit. All staff have had complaints training in May 2017 and this will be renewed in May 2018. The manager will address with staff in a staff meeting how to accurately fill in the complaints book in the event of a complaint being lodged with staff in the absence of manager to ensure compliance with standard 14.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)