

Unannounced Care Inspection Report 28 September and 05 October 2017



The Resource Centre Derry

Type of Service: Day Care Setting
Address: Carnhill, Racecourse Road, Derry, BT48 8DA
Tel No: 02871352832
Inspector: Angela Graham

www.rgia.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 twenty service users each day. The day care setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: The Resource Centre Derry Responsible Individual(s): Paddy McCarron	Registered Manager: Ellen Doherty (Acting)
Person in charge at the time of inspection: Ellen Doherty	Date manager registered: Ellen Doherty application received - “registration pending”.
Number of registered places: DCS-I, DCS-DE	

4.0 Inspection summary

An unannounced inspection took place on 28 September 2017 from 09.35 to 15.45 hours and 05 October 2017 from 09.45 to 15.50 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.

There was good practice found in relation to; supervision and appraisal, infection prevention and control, the day centre environment, communication between service users, staff and other key stakeholders, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “This is a great place”, “Staff are superb, they always go the extra mile”, “The lunch here is better than you would get in a hotel” and “I am happy here”.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within The Resource Centre Derry were below the minimum standard expected. A decision was taken to hold a serious concerns meeting in respect of recruitment of staff, staff training, care records and governance arrangements. The meeting took place at RQIA on 18 October 2017.

During the serious concerns meeting, the responsible individual and manager acknowledged the failings and provided a robust action plan detailing the actions taken or to be taken to ensure compliance with the regulatory breaches identified. RQIA were satisfied with the information and assurances provided.

A further inspection will be undertaken to validate compliance and drive necessary improvements.

Areas requiring improvement were identified in three 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	6	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 Paddy McCarron, Responsible Person and Ellen Doherty, Manager (acting) as part of the inspection process. The timescales for completion commence from the date of inspection.

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was held with the responsible person at RQIA offices on 18 October 2017. The day centre's manager also attended this meeting.

At the meeting, the responsible person provided RQIA with a written action plan and accompanying documents outlining what actions they had taken to date and will take in future to address RQIA's concerns.

Representatives were advised that RQIA will continue to monitor the quality of service provided in the day centre and will carry out an inspection to assess full compliance with the regulations.

4.2 Action/enforcement taken following the most recent care inspection dated 30 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 September 2016.

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 responsible person, manager, four care staff, two ancillary staff and eight service users. The manager 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. Three staff members, two relatives and four

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
- one staff personnel file to review recruitment processes
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- elements of two service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports

Eleven areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for eight and partially met for three.

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 21 November 2016

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 30 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 4(1) Stated: First time	The registered provider must submit a revised Statement of Purpose that includes all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007, along with a variation application for consideration.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the responsible person confirmed that this area for improvement had been addressed. A revised copy of the statement of purpose and a variation application was provided to RQIA.	
Area for improvement 2 Ref: Regulation 31(b) Stated: First time	The registered provider shall give notice in writing to the Regulation and Improvement Authority as soon as it is practicable to do so, if any of the following events takes place or is proposed to take place— (b) a person ceases to carry on or manage the day care setting;	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the responsible person confirmed that this area for improvement had been addressed. An absence of the responsible person notification form was received by RQIA on 05 October 2016.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard E7 Stated: First time	The registered provider should undertake an environmental audit in relation to dementia care.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the responsible person	

	confirmed that this area for improvement had been addressed. The responsible person confirmed that an environmental audit had been undertaken on 12 December 2016. Evidence was provided in this regard.	
Area for improvement 2 Ref: Standard 3.1 Stated: First time	<p>The registered provider should ensure each service user is provided with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs, and sets out any fees or charges payable, and the arrangements for payment of these and includes all matters listed in standard 3.1.</p> <p>Action taken as confirmed during the inspection: The individual written agreement had been reviewed following the last care inspection. However the agreement did not include all matters listed in standard 3.1. Therefore this area for improvement has not been fully met and has been stated for a second time.</p>	Partially met
Area for improvement 3 Ref: Standard 11.5 Stated: First time	<p>The registered provider must ensure that the record of monies received on behalf of services users is signed by either the service user or their representative and a staff member. In the event the service user cannot sign two staff should sign the record.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the responsible person confirmed that this area for improvement had been addressed. The inspector reviewed a sample of records of monies received on behalf of service users. Two signatures were recorded on these records.</p>	Met
Area for improvement 4 Ref: Standard 10.2 Stated: First time	<p>The registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the responsible person confirmed that this area for improvement had been addressed. On the day of inspection the lunch menu offered a choice of meal to the</p>	Met

	service users.	
Area for improvement 5 Ref: Standard 10.1 Stated: First time	The registered provider should review the nutritional content of the menu using a validated nutritional tool.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the responsible person confirmed that this area for improvement had been addressed. A review of the nutritional content of the menu had been undertaken.	
Area for improvement 6 Ref: Standard 1.2 Stated: First time	The registered provider should ensure The Resource Centre's Service Users Guide is reviewed to include all matters listed in standard 1.2.	Partially met
	Action taken as confirmed during the inspection: The service users' guide had been reviewed following the last care inspection. However the service users' guide did not include all matters listed in standard 1.2. Therefore this area for improvement has not been fully met and has been stated for a second time.	
Area for improvement 7 Ref: Standard 18.1 Stated: First time	The registered provider should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are developed and made available in the day centre in respect of: <ul style="list-style-type: none"> • Menu planning • Safeguarding and protecting service user's money and valuables • Service user agreement 	Partially met

	<p>Action taken as confirmed during the inspection: Discussion with the responsible person confirmed that a policy on menu planning and safeguarding service user's money and valuables had been developed. However further work is required to ensure all matters are addressed in these policies. A policy on service user agreement had not been developed. Therefore this area for improvement has not been fully met and has been stated for a second time.</p>	
<p>Area for improvement 8 Ref: Standard 17.10 Stated: First time</p>	<p>The registered provider should ensure all monthly monitoring reports are retained in The Resource Centre and made available for inspection purposes.</p> <p>Action taken as confirmed during the inspection: A review of a sample of the monthly monitoring reports evidenced that this area for improvement had been addressed.</p>	Met
<p>Area for improvement 9 Ref: Standard 23.7 Stated: First time</p>	<p>The registered provider should ensure a record is kept of staff working in the day care setting each day and the capacity in which they worked.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of staff duty rotas. These rotas were in line with standard 23.7 of the Day Care Settings Minimum Standards, 2012.</p>	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 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 25 September 2017 until 05 October 2017 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. Discussion with service users evidenced that there were no concerns regarding staffing levels.

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

The manager 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 manager. Records of competency and capability assessments were retained and examined during the inspection.

Recruitment records were examined for one recently recruited care staff member. There was no evidence of reference checks available at the time of the inspection. Evidence that the person was physically and mentally fit for the purposes of the work which he is to perform and proof of the person's identify, including a recent photograph were also not available within the personnel file of the employee.

Given the identified concerns, as previously discussed a meeting was held with in respect of Regulation 21 (1) (2) (3). At this meeting an action plan was provided and assurances were given that necessary actions had been taken to ensure compliance in this area. These included but not limited to; a checklist in relation to recruitment processes; update policy on recruitment and selection and a medical questionnaire. The responsible person advised that enhanced monitoring governance systems have been implemented to assure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. However, an area for improvement has been made under regulation to address the shortfalls identified at this inspection and a further inspection will be undertaken to ensure that compliance with regulation is achieved.

A review of a sample of staff training records identified a number of concerns in relation to the absence or lapse of mandatory training. The review identified that a number of staff had not received mandatory training in infection prevention and control and adult safeguarding, it was also noted that this training had lapsed for a number of staff. Furthermore, it was identified that a number of staff required update training in fire safety and food hygiene. This matter formed part of the discussion held at the serious concerns meeting previously referred to. At this meeting an action plan was provided and assurances were given that necessary actions had been taken to ensure compliance in this area. These included but not limited to; the provision of fire safety update training, infection prevention and control training and further development of the staff training matrix. The responsible person advised that the remaining training identified during the inspection had been scheduled for October and November 2017. An area for improvement has been made under regulation to address the shortfalls identified at this inspection

A number of training records did not contain the signatures of those attending the training event or a record of the content of the training. This has been identified as an area for improvement under the standards.

A review of staff files identified that two care staff had not registered with Northern Ireland Social Care Council (NISCC). Records submitted post-inspection to RQIA confirmed that the two staff members had made application to NISCC. These findings evidenced that the governance arrangements were not sufficiently robust and has been identified as an area for improvement under the well-led domain.

The manager 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 days 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 manager 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 manager 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 warm, fresh smelling and clean throughout. 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 and corridors were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 02 August 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

Five 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 relatives returned questionnaires to RQIA post-inspection. The relatives identified that they were very satisfied with the safe care in The Resource Centre Derry. They stated that their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and that they would report concerns to the manager.

Three staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that the care was safe, 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 the day centre environment.

Areas for improvement

Three areas for improvement were identified in relation to recruitment processes, staff training and staff training records.

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

The manager confirmed that the service users guide had been reviewed following the last care inspection. However the service users guide did not include all matters listed in standard 1.2. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

The manager confirmed that the individual written agreement had been reviewed following the last care inspection. However the individual written agreement did not include all matters listed in standard 3.1. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

The inspector reviewed elements of three service users' care files. A number of concerns were identified in relation to care and support plans. The care records for one service user did not comprehensively address a number of assessed needs. A care and support plan for the service user's continence needs and cognitive impairment had not been developed. A care and support plan to meet the service users mobility needs lacked detail to adequately guide staff to deliver safe and effective care.

Review of a second care record confirmed a care and support plan to meet the service user's mobility needs had not been developed. A care and support plan to address the management of diabetes lacked detail to adequately guide staff to deliver safe and effective care.

The care records for one service user who had a diagnosis of diabetes, failed to adequately guide staff and were not sufficiently robust to ensure risks were managed appropriately. Furthermore the care record failed to adequately guide staff and was not sufficiently robust to ensure risks were managed appropriately regarding to transport arrangements and moving and handling arrangements.

Review of a second care record failed to adequately guide staff and was not sufficiently robust to ensure risks were managed appropriately regarding transport arrangements and moving and handling arrangements.

These findings were concerning, as there was a lack of information to direct and inform the care required to meet service users' health and welfare needs. The care and support plans in place for service users must evidence that they accurately reflect the current and/or changing needs of the service user through review. This is complicit to the safe and effective delivery of care and areas for improvement have been made under regulation.

The shortfalls outlined above were discussed at the serious concerns meeting, as previously stated. At this meeting an action plan was provided by the responsible person and assurances given that necessary actions had been taken to ensure the quality of care and support afforded to service users in the areas outlined. These included, but were not limited to; a full review of care plans, a full review on the use of supplementary assessments and training provided for all care staff in relation to diabetes management. Again, the responsible person advised that enhanced governance monitoring and governance systems have/or would be implemented to assure the delivery of safe, effective care.

RQIA were assured by the information and assurances given, however, areas for improvement under regulation have been identified in regards to care records.

Care recording for every five attendances was being maintained in the two care records inspected.

Review of elements of two 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.

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 manager 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 manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the manager and review of records evidenced that service user meetings were generally held monthly. The last meeting was held on 29 September 2017 and minutes were made available. 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 manager.

Five 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 relatives returned questionnaires to RQIA post-inspection. The relatives confirmed that they were very satisfied with the effective care. They stated that their relative receives the right care, at the right time, in the right place.

Three 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 communication between service users, staff and other key stakeholders. Staff were observed in their interactions and delivery of care to be compassionate and treated service users with dignity and respect.

Areas for improvement

Two areas for improvement were identified in relation to care and support plans and risk assessments.

Two areas for improvement under the standards identified at the last inspection have also been stated for a second time. These areas relate to the service users guide and individual written agreements.

	Regulations	Standards
Total number of areas for improvement	2	2

6.6 Is care compassionate?

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

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

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 bowling, movie afternoons and music afternoons.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning and outings through service user meetings, informal discussions and their individual review meetings.

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 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. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

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.

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 and the annual review of their day care placement.

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

- "I come to the day centre five days a week, if it was open on Saturday and Sunday I would come too. This is a great place to come."
- "Staff treat me very well. They are all kind and caring"
- "I like the movie afternoons and going bowling."
- "The dinners are excellent."
- "I feel safe and content here."
- "The centre is always warm and clean."

During the inspection the inspectors met with four care staff and two ancillary staff. Some comments received are listed below:

- "There is a great sense of team here."
- "The service users come first. They are involved in the running of the centre."
- "I have had regular supervision and an appraisal ever year."
- "The service users are well looked after here and they choose what activities they wish to participate in."

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 relatives returned questionnaires to RQIA post-inspection. The relatives confirmed that they were very satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

Three 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 and taking account of the views 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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

A review of governance records evidenced that although there were some systems in place to monitor and report on the quality of care and other services provided these were limited and were not sufficiently robust. For example; shortfalls were identified in the management of accidents; staff training; care records; quality assurance audits; registration of care staff with the Northern Ireland Social Care Council (NISCC) and recruitment processes.

The findings of this inspection evidenced that the lack of governance arrangements, had a direct impact on the safe delivery of quality care. As previously referred to, this was discussed with the responsible person during the serious concerns meeting. They acknowledged that more robust governance arrangements needed to be developed and implemented and provided details of actions already taken since the inspection. Due to the number of shortfalls identified across three domains, this has been identified as an area for improvement under the regulations.

A range of policies and procedures were in place to guide and inform staff. The responsible person informed the inspector that the organisation's policies and procedures were currently being reviewed. The inspector reviewed a sample of policies and procedures. The review identified an adult safeguarding policy and procedure was in place. However the adult safeguarding policy must be reviewed to ensure it reflects the current regional guidance. A review of the recruitment and selection policy and procedure identified that there were no references made to Regulations 8, 10 and 21 or retaining information pertaining to all of the matters specified in Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007. This was 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 the responsible person confirmed that a policy on menu planning and safeguarding service user's money and valuables had been developed since the last care inspection. However further work is required to ensure all matters are addressed in these policies. A policy on service user agreement had not been developed. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

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. They described the management team as supportive and they knew they could speak to them for guidance or advice. 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.

A review of the complaints record evidenced that no complaints had been received since the last care inspection.

Discussion with the manager 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 manager confirmed that staff meetings were held generally bi-monthly, and records verified this. The last meeting was held on 01 August 2017 and minutes were available. Previous staff meetings had been undertaken on 02 June 2017 and 10 May 2017. The manager confirmed that the minutes of staff meetings were made available for staff to consult. The minutes of meetings reflected staff opinions were sought and form the basis of discussions. They contained the names of the staff who attended and a 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.

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 21 August 2017. Three monitoring reports were reviewed from June to August 2017. The monitoring officer reported on the conduct of the day care setting.

Review of accident/incident records identified that an accident had occurred on 10 April 2017. This incident was not reported to RQIA in line with Regulation 29, of The Day Care Setting Regulations (Northern Ireland) 2007. This has been identified as an area for improvement under the regulations.

Five 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.

The returned relatives' questionnaires confirmed that they were very satisfied that the service was managed well and the staff and the manager are approachable, professional and caring. Three 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 working relationships and management's involvement in the day to day running of the day care centre.

Areas for improvement

Four areas for improvement were identified in relation to governance arrangements, reporting of accidents, recording of the minutes of staff meetings and policies and procedures.

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

	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 Paddy McCarron, Responsible Person and Ellen Doherty, 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 Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection.</p>	<p>The registered person shall not employ a person to work in the day care setting unless he has obtained in respect of that person the information and documents specified in Schedule 2.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: RCD have fully reviewed and updated their requiptment policy inline with regulation 21.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users:</p> <p>(c) ensure that the persons employed to work in the day care setting (i) receive mandatory training and other training appropriate to the work they are to perform.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Information has not been included within the Statement of Purpose and all Health & Social Care staff have received all mantadory training.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29 (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 give notice to the Regulation and Improvement Authority without delay of the occurrence of</p> <p>(c) any serious injury to a service user in the day care setting;</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: RCD are now fully aware of all reporting procedures in relation to the above, as instructed by the previous inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 11 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered provider and the registered manager shall, having regard to the size of the day care setting, the statement of purpose, and the number and needs of the service users, carry on or (as the case may be) manage the day care setting with sufficient care, competence and skill.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This information has now been included within the Statement of Purpose.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user's representative as to how the service user's needs in respect of his day care are to be met.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • A complete review of all SU care plans to ensure the following procedures are been adhered to • Assessment of Need form to be completed and all information taken to be fully reflected within the care plan to ensure that all the needs of the SU are fully met. • All completed review information in relation to any changes regarding the SU is to be recorded within the SU care plan on the same day as the review meeting. • A tick box to inform managers and staff that the care plan has been updated has been included within the review form • Evide tracking system, will record all information from A – Z regarding all SU <p>The above actions will be completed in consultation with serviceuser/family member/social worker.</p>
<p>Area for improvement 6</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—</p> <p>(c) unnecessary risks to the health or safety of service users are identified and so far as possible eliminated;</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • Moving and Handling Assessment Form is now in place • All staff to be issued with Moving and Handling Risk Assessment Guidelines. • Management check and Evide tracking to ensure that all assessments are in place • Copies of SU assessments to be included within their file • All findings to be recorded within the SU Care Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</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>Response by registered person detailing the actions taken: RCD senior management and staff meetings will be held in-line with the requirements. Minutes and all information will be taken and filed in-line with the data protection requirements.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered provider should maintain a staff training record that clearly details the training provided to staff. The record should specify:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event; • The date of the training; • The name and qualification of the trainer or the training agency; • Summary of the content of the training programme. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All of the above have been implemented in-line with standards.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered provider should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are reviewed and updated to include all legislation:</p> <ul style="list-style-type: none"> • Adult Safeguarding • Recruitment and Selection <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All policies have now been reviewed and updated, within the day care settings.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 3.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered provider should ensure each service user is provided with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs, and sets out any fees or charges payable, and the arrangements for payment of these and includes all matters listed in standard 3.1.</p> <p>Ref: 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Standard 18.1</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2017</p>	<p>Response by registered person detailing the actions taken: This has now been implemented and a copy held within each service users file.</p> <p>The registered provider should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are developed and made available in the day centre in respect of:</p> <ul style="list-style-type: none"> • Menu planning • Safeguarding and protecting service user's money and valuables • Service user agreement <p>Ref: 6.7</p>
<p>Area for improvement 6</p> <p>Ref: Standard 1.2</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2017</p>	<p>Response by registered person detailing the actions taken: All of the above has now been implemented.</p> <p>The registered provider should ensure The Resource Centre's Service Users Guide is reviewed to include all matters listed in standard 1.2.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Area 6 Below. All matters listed have now be included in the Service User's Guide.</p>



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

Twitter @RQIANews